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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                               |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)                                                                                                      |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                      |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                        |

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                |                                                                         |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information |                                                                         |                                                                      |
| <b>1a</b> Name of plan<br><br><u>ACCE BENEFIT TRUST PROFIT SHARING PLAN</u>                                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>001</u>                                                              |                                                                      |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>ACCE BENEFIT TRUST</u><br><br><br><u>1330 BRADDOCK PLACE</u><br><u>SUITE 300</u><br><u>ALEXANDRIA, VA 22314</u> | <b>1c</b> Effective date of plan<br><br><u>01/01/1985</u>      | <b>2b</b> Employer Identification Number (EIN)<br><br><u>54-6487038</u> | <b>2c</b> Plan Sponsor's telephone number<br><br><u>800-394-2223</u> |
|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                | <b>2d</b> Business code (see instructions)<br><br><u>813000</u>         |                                                                      |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2021 | STACEY BRESLIN                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4868 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3311 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2971 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1625 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4597 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4608 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4431 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 233  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2S 2T                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>2</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

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|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |
| A Name of plan<br>ACCE BENEFIT TRUST PROFIT SHARING PLAN                                   | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ACCE BENEFIT TRUST               | D Employer Identification Number (EIN)<br>54-6487038 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
PRINCIPAL LIFE 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     |
| 42-0127290 | 61271         | 614541                                | 4608                                                                        | 01/01/2020              | 12/31/2020 |

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 |
| 0                                    | 0                             |

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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 68762    |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 94541302 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ FLEXIBLE INVESTMENT ANNUITY

|          |                                                                                                |              |   |
|----------|------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    |   |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|          | (2) Dividends and credits.....                                                                 | <b>7c(2)</b> |   |
|          | (3) Interest credited during the year.....                                                     | <b>7c(3)</b> |   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> |   |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> |   |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |   |
| <b>e</b> | Deductions:                                                                                    |              |   |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |   |
|          | (2) Administration charge made by carrier.....                                                 | <b>7e(2)</b> |   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |   |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> |   |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |
| A Name of plan<br>ACCE BENEFIT TRUST PROFIT SHARING PLAN                                   | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ACCE BENEFIT TRUST               | D Employer Identification Number (EIN)<br>54-6487038 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
PRINCIPAL LIFE 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     |
| 42-0127290 | 61271         | 613953                                | 4608                                                                        | 01/01/2020              | 12/31/2020 |

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 |
| 0                                    | 0                             |

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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b> |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>0</b> |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

|          |                                               |           |          |
|----------|-----------------------------------------------|-----------|----------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 37750732 |
|----------|-----------------------------------------------|-----------|----------|

|          |                                                              |              |         |  |
|----------|--------------------------------------------------------------|--------------|---------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 1360909 |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |         |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 712939  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> |         |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 8226719 |  |

▶ LOAN PMTS, TRANSFERS FUNDS, INV TRANSFERS, EARNINGS  
ADJUSTMENT, FORFEITURES IN, RTN OF UNCLAIMED BENEFIT.

|                           |              |          |
|---------------------------|--------------|----------|
| (6) Total additions ..... | <b>7c(6)</b> | 10300567 |
|---------------------------|--------------|----------|

|          |                                                                              |           |          |
|----------|------------------------------------------------------------------------------|-----------|----------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 48051299 |
|----------|------------------------------------------------------------------------------|-----------|----------|

**e** Deductions:

|  |                                                                           |              |         |  |
|--|---------------------------------------------------------------------------|--------------|---------|--|
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 6716396 |  |
|  | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 183326  |  |
|  | (3) Transferred to separate account.....                                  | <b>7e(3)</b> |         |  |
|  | (4) Other (specify below) .....                                           | <b>7e(4)</b> | 767943  |  |

▶ TRANSFERS, MISC, REFUNDS, NEW LOANS, CONTRIB CREDIT  
FORFEITURES

|                            |              |         |
|----------------------------|--------------|---------|
| (5) Total deductions ..... | <b>7e(5)</b> | 7667665 |
|----------------------------|--------------|---------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 40383634 |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2020</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                             |     |
| <b>A</b> Name of plan<br>ACCE BENEFIT TRUST PROFIT SHARING PLAN                            | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ACCE BENEFIT TRUST        | <b>D</b> Employer Identification Number (EIN)<br>54-6487038 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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**(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50 64            | CONTRACT ADMINISTRATOR                                                                            | 1736518                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 30462                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

ARTHUR J. GALLAGHER RISK MANG. SERV

36-2102482

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 99                  | OTHER SERVICES                                                                                    | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 32525                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BKD, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 99                  | ACCOUNTANT                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 49500                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

FRINGE BENEFITS, INC

52-0895753

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 99                  | CONTRACT ADMINISTRATOR                                                                            | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 486887                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

GROOM LAW GROUP, CHARTERED

52-1219029

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 99                  | LEGAL                                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 26880                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

HR INVESTMENT CONSULTANTS INC

52-1662003

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 99                  | CONSULTANT                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 41254                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 70                  | INV ADV, PARTICIPANTS                                                                             | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 72                  | INVESTMENT ADVISORY                                                                               | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRINCIPAL LIFE INSURANCE COMPANY                                    | 13 37 50 64                                                                                                                                                        | 30462                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | CONTRACT ADMINISTRATOR                                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| ARTHUR J. GALLAGHER RISK MANG. SERV                                 | 49 99                                                                                                                                                              | 32525                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | OTHER SERVICES                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| BKD, LLP                                                            | 10 99                                                                                                                                                              | 49500                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | ACCOUNTANT (INCLUDING AUDIT)                                                                                                                                       |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FRINGE BENEFITS, INC                                                | 13 99                                                                                                                                                              | 486887                                    |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | CONTRACT ADMINISTRATOR                                                                                                                                             |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| GROOM LAW GROUP, CHARTERED                                          | 29 99                                                                                                                                                              | 26880                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | LEGAL                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| HR INVESTMENT CONSULTANTS INC                                       | 16 99                                                                                                                                                              | 41254                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | CONSULTING (GENERAL)                                                                                                                                               |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| MORNINGSTAR INVESTMENT MGMT LLC                                     | 26 70                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | 8 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| WILSHIRE ASSOCIATES INCORPORATED                                    | 27 72                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | 1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO-EXECUTE FIDUCIARY SERVICE.                                                 |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|                                                                                                   |                                                                    |            |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ACCE BENEFIT TRUST PROFIT SHARING PLAN</u>                            | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ACCE BENEFIT TRUST</u> | <b>D</b> Employer Identification Number (EIN)<br><u>54-6487038</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                     |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN INTL EMERG MARKETS SA-Z</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-013</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3719263</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP GROWTH SEP ACCT-Z</u>       |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-021</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17325823</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u>        |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-027</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1337704</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-Z</u>          |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-015</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13558216</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&amp;P 500 INDEX SA-Z</u>    |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-016</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21802334</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE I SA-Z</u>            |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-043</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1728205</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&amp;P 600 INDEX SA-Z</u>   |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>42-0127290-028</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7742421</u>  |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-023 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5080215 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP GROWTH I SEP ACCT-Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-070 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7111729 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP VALUE II SEP ACCT-Z

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 42-0127290-096 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3925943 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2010 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7579301 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2015 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                            |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-002 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 988929 |
|--------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2020 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-003 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31686826 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2025 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-004 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9136046 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYB 2030 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-005 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63040950 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HB 2035 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-006 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6805319 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HB 2040 CIT X

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 26-6447574-007 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54172704 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                       |                        |                                                                                                              |
|---------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HB 2045 CIT X            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-008                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5199065  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2050 CIT X            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-009                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32830036 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2055 CIT X            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-010                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4216855  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY INC CIT X             |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-011                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4938904  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z           |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY    |                        |                                                                                                              |
| <b>c</b> EIN-PN 42-0127290-118                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11209448 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE VALUE C FD          |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): WELLS FARGO BANK                    |                        |                                                                                                              |
| <b>c</b> EIN-PN 52-2250946-001                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2060 CIT X            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-012                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7121837  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2065 CIT X            |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO |                        |                                                                                                              |
| <b>c</b> EIN-PN 26-6447574-013                                                        | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 429109   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code   | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                        |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                     |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                       | <b>d</b> Entity code   | <b>e</b> 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)**

(Complete as many entries as needed to report all participating plans)

**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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>ACCE BENEFIT TRUST PROFIT SHARING PLAN</u>                                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ACCE BENEFIT TRUST</u>                                                                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br><u>54-6487038</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                        |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0            | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                        |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b> 497823    | 343976          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 158857    | 128286          |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b> 0         | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>           |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>           |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>        |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>        |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>        |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>        |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>           |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>           |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>           |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b> 3257978   | 2877414         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b> 199540756 | 228145879       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 80398226 | 94541302        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>          |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>          |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 50215605 | 55192420        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 37750732 | 40452396        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b> 3174496  | 4300797         |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 374994473             | 425982470       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0 |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 374994473 | 425982470 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 11773707   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 16526866   |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 2929088    |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            | 31229661  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |

**b Earnings on investments:****(1) Interest:**

|                                                                                                     |                 |        |        |
|-----------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 0      |        |
| <b>(B)</b> U.S. Government securities .....                                                         | <b>2b(1)(B)</b> | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> | 0      |        |
| <b>(D)</b> Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> | 0      |        |
| <b>(E)</b> Participant loans.....                                                                   | <b>2b(1)(E)</b> | 180256 |        |
| <b>(F)</b> Other .....                                                                              | <b>2b(1)(F)</b> | 716455 |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                       | <b>2b(1)(G)</b> |        | 896711 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock.....                                            | <b>2b(2)(A)</b> | 0      |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 0      |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                  | <b>2b(2)(C)</b> | 651321 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 651321 |

|                 |              |  |   |
|-----------------|--------------|--|---|
| (3) Rents ..... | <b>2b(3)</b> |  | 0 |
|-----------------|--------------|--|---|

|                                                                                           |                 |   |   |
|-------------------------------------------------------------------------------------------|-----------------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                              | <b>2b(4)(B)</b> | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |   | 0 |

|                                                                                                       |                 |   |   |
|-------------------------------------------------------------------------------------------------------|-----------------|---|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | <b>2b(5)(A)</b> | 0 |   |
| <b>(B)</b> Other .....                                                                                | <b>2b(5)(B)</b> | 0 |   |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |   | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 28990955  |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 16674249  |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 9878819   |
| c Other income .....                                                                            | 2c     |            | 1438269   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 89759985  |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 38110730 |          |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) | 0        |          |
| (3) Other.....                                                                      | 2e(3) | 1717     |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |          | 38112447 |
| f Corrective distributions (see instructions) .....                                 | 2f    |          | 69853    |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 0        |
| h Interest expense.....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 0        |          |
| (2) Contract administrator fees .....                                               | 2i(2) | 1737719  |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 0        |          |
| (4) Other.....                                                                      | 2i(4) | 0        |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 1737719  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 39920019 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 49839966 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  | 3281688  |
| (2) From this plan .....                                 | 2l(2) |  | 2133657  |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BKD, LLP**

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

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

|    | Yes | No | Amount  |
|----|-----|----|---------|
| 4a | X   |    | 1471749 |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  | 0       |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  | 0       |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  | 0       |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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) |
|----------------------------------------------------|--------------|-------------|
| CLINTON COUNTY CHAMBER OF COMMERCE 401(K) PLAN     | 35-0319923   | 001         |
| MICHIGAN CHAMBER OF COMMERCE MEP - SAGINAW CHAMBER | 38-0995390   | 002         |
| MIDLAND CHAMBER OF COMMERCE                        | 75-0436936   | 001         |
| PREEMPLOYER, INC. MULTIPLE EMPLOYER PLAN           | 58-1471604   | 333         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     |    |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**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) |
|-----------------------------------------------------|--------------|-------------|
| THE GREATER MEMPHIS CHAMBER OF COMMERCE 401(K) PLAN | 62-0291250   | 001         |
| TRAVEL TACOMA & PIERCE COUNTRY 401(K) PLAN          | 91-1465947   | 001         |
|                                                     |              |             |
|                                                     |              |             |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>ACCE BENEFIT TRUST PROFIT SHARING PLAN                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ACCE BENEFIT TRUST                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>54-6487038                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2020 v. 200204                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

**ACCE Benefit Trust Profit Sharing Plan**  
**EIN 54-6487038 PN 001**

Independent Auditor's Report and Financial Statements

December 31, 2020 and 2019

# **ACCE Benefit Trust Profit Sharing Plan**

## **December 31, 2020 and 2019**

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## Independent Auditor's Report

The Trustees  
ACCE Benefit Trust Profit Sharing Plan  
Alexandria, Virginia

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ACCE Benefit Trust Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in *Note 3*, which was certified by Delaware Charter Guarantee and Trust Company, d/b/a Principal Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### ***Supplementary Information***

The supplemental schedules listed in the table of contents are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

### **Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

*BKD, LLP*

Springfield, Missouri  
October 13, 2021

Federal Employer Identification Number: 44-0160260

**ACCE Benefit Trust Profit Sharing Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2020 and 2019**

**Assets**

|                                    | <u>2020</u>        | <u>2019</u>        |
|------------------------------------|--------------------|--------------------|
| <b>Investments</b>                 |                    |                    |
| At fair value                      | \$ 382,249,160     | \$ 333,329,083     |
| At contract value                  | <u>40,383,634</u>  | <u>37,750,732</u>  |
| Total investments                  | <u>422,632,794</u> | <u>371,079,815</u> |
| <b>Receivables</b>                 |                    |                    |
| Employers' contributions           | 343,976            | 497,823            |
| Participants' contributions        | 128,286            | 158,857            |
| Notes receivable from participants | <u>2,926,510</u>   | <u>3,307,074</u>   |
| Total receivables                  | <u>3,398,772</u>   | <u>3,963,754</u>   |
| Total assets                       | <u>426,031,566</u> | <u>375,043,569</u> |

**Liabilities**

|                                          |                              |                              |
|------------------------------------------|------------------------------|------------------------------|
| Excess contributions payable             | <u>-</u>                     | <u>55,121</u>                |
| Total liabilities                        | <u>-</u>                     | <u>55,121</u>                |
| <b>Net Assets Available for Benefits</b> | <u><u>\$ 426,031,566</u></u> | <u><u>\$ 374,988,448</u></u> |

**ACCE Benefit Trust Profit Sharing Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2020 and 2019**

|                                                              | <b>2020</b>                  | <b>2019</b>                  |
|--------------------------------------------------------------|------------------------------|------------------------------|
| <b>Investment Income</b>                                     |                              |                              |
| Net appreciation in fair value of investments                | \$ 56,946,505                | \$ 63,095,431                |
| Interest and dividends                                       | <u>1,403,563</u>             | <u>1,551,054</u>             |
| Net investment income                                        | <u>58,350,068</u>            | <u>64,646,485</u>            |
| <b>Interest Income on Notes Receivable from Participants</b> | <u>180,256</u>               | <u>184,331</u>               |
| <b>Contributions</b>                                         |                              |                              |
| Participants                                                 | 16,526,866                   | 16,892,796                   |
| Employers                                                    | 11,773,707                   | 13,584,068                   |
| Rollovers                                                    | <u>2,929,088</u>             | <u>2,131,114</u>             |
| Total contributions                                          | <u>31,229,661</u>            | <u>32,607,978</u>            |
| Total additions                                              | <u>89,759,985</u>            | <u>97,438,794</u>            |
| <b>Deductions</b>                                            |                              |                              |
| Benefits paid directly to participants                       | 38,127,179                   | 43,227,216                   |
| Administrative expenses                                      | <u>1,737,719</u>             | <u>1,693,083</u>             |
| Total deductions                                             | <u>39,864,898</u>            | <u>44,920,299</u>            |
| <b>Net Increase Before Transfers</b>                         | <u>49,895,087</u>            | <u>52,518,495</u>            |
| <b>Transfers</b>                                             |                              |                              |
| Transfers from other plans                                   | 3,281,688                    | 43,901                       |
| Transfers to other plans                                     | <u>(2,133,657)</u>           | <u>(5,748,370)</u>           |
| Net transfers                                                | <u>1,148,031</u>             | <u>(5,704,469)</u>           |
| <b>Net Increase</b>                                          | 51,043,118                   | 46,814,026                   |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>374,988,448</u>           | <u>328,174,422</u>           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 426,031,566</u></u> | <u><u>\$ 374,988,448</u></u> |

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

### **Note 1: Description of the Plan**

#### **General**

The following description of ACCE Benefit Trust Profit Sharing Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Association of Chamber of Commerce Executives (ACCE) is a nonprofit, national association serving individuals involved in the management of local Chamber of Commerce members. The Plan is a defined contribution multiple employer plan administered by ACCE Benefit Trust (Sponsor) for the benefit of all eligible employees of participating ACCE member chambers who elect to participate in the Plan. Eligibility provisions for the Plan vary by participating chamber and are based upon elections made by the respective chamber location upon adoption of the participation agreement. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Delaware Charter Guarantee and Trust Company, d/b/a Principal Trust Company (Principal Trust), is the trustee of the Plan. Principal Life Insurance Company (Principal Life) serves as plan record keeper.

#### **Contributions**

The Plan permits eligible employees to contribute through a salary deferral election up to the maximum allowed by law or as defined in the respective chamber location's participation agreement. Subject to the provisions of the member chamber's participation agreement, participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employee rollover contributions are also permitted. Employer contributions are made by those participating chamber locations who have elected such provisions in their respective participation agreements. Employer contributions may include a Safe Harbor or regular match, a Safe Harbor or regular nonelective contribution or a discretionary profit-sharing contribution. Contributions are subject to certain limitations.

#### **Participant Investment Account Options**

Investment account options available include various funds offered by the Plan. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily. Alternatively, participants may elect to have a self-directed brokerage account. Since 2017, self-directed brokerage accounts no longer accept new contributions.

All participating employers offer an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature is not less than 6 percent. Effective January 1, 2019, automatic escalation applies whereby the deferral percentages of auto-enrolled participants will increase by 1 percent as of the first day of each plan year up to a maximum of 10 percent, unless the participants affirmatively elect otherwise.

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

### ***Participant Accounts***

Each participant's account is credited with the participant's contribution, his respective chamber's employer contribution, and plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### ***Vesting***

Participants are immediately vested in their voluntary contributions plus earnings thereon. Vesting in the contributions made by participating chambers is based on years of credited service. A participant's vesting percentage is defined in the respective member chamber's participation agreement.

### ***Payment of Benefits***

Upon termination of service due to retirement, death, or disability, an employee or beneficiary may elect to either leave his account in the Plan or receive a distribution in the form of a lump-sum amount equal to the value of his account, an annuity, or installment payments. If the total value of a terminated participant's vested account balance does not exceed \$5,000, the Plan may require a distribution of the entire balance into an individual retirement account in lump-sum form.

Effective April 2, 2020, the Sponsor implemented *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) provisions for coronavirus-related distributions (CRD). Through December 30, 2020, qualified participants were permitted to take a CRD of up to \$100,000 from the Plan. Participants who took a CRD have the option to have the distribution taxed over a three-year period, with the ability to recontribute up to the full amount of the distribution within three years and not be subject to federal income tax as a result. The Plan also waived minimum distribution requirements for any distribution required to be made in 2020.

### ***Forfeited Accounts***

At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$195,345 and \$169,825, respectively. Also, in 2020 and 2019, employer contributions were reduced by \$598,590 and \$670,768, respectively, from forfeited nonvested accounts. In 2020 and 2019, \$1,971 and \$1,566 from forfeited nonvested accounts were applied toward plan administrative expenses, respectively.

### ***Notes Receivable from Participants***

The plan document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50 percent of the participant's vested account balance. Each participant may have a maximum of one loan outstanding at one time. All loans are covered by demand notes and are repayable over a

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Loans are secured by the balance in the participant's account and bear a reasonable fixed rate of interest as determined by the plan administrator at the time the loan is taken.

Effective April 2, 2020, the Sponsor adopted CARES Act provisions for loan relief to 1) delay certain required loan repayments for one year and 2) increase loan limits to the lesser of \$100,000 or 100 percent of the participant's vested balance for coronavirus-related loans. The CARES Act provided for the increased loan limit for coronavirus-related loans issued from March 27, 2020 through September 22, 2020. The one-year suspension of loan repayments applies to qualified participants' loan payments due between March 27, 2020 and December 31, 2020. Following the suspension period, these loans will be reamortized over the remaining period of the loans, plus the suspension period.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

### ***Plan Transfers***

As new ACCE member chambers elect to participate in the Plan or elect to discontinue participation, the accounts of those ACCE member chambers are transferred at the fair value of the assets on the date transferred and are reported as plan transfers in or plan transfers out upon receipt or disbursement of those chambers' accounts, respectively.

## **Note 2: Summary of Significant Accounting Policies**

### ***Basis of Accounting***

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

### ***Use of Estimates***

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

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

### ***Investment Valuation and Income Recognition***

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Self-directed brokerage accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Pooled separate accounts and collective investment trust funds are valued at NAV based upon the quoted market value of the underlying investments as provided by Principal Life Insurance Company. The NAV is calculated daily and is the basis for current transactions.

Effective March 20, 2020, the Plan's investment in the Principal U.S. Property Separate Account is subject to certain restrictions including delaying the payment of most withdrawal or transfer requests, but for no more than three years from the effective date. In accordance with the terms of the plan's group annuity contract, delayed payment requests will be honored proportionately. This means transactions may be processed in a series of payments until enough cash is available to pay obligations. As of December 31, 2020, participants distribution requests subject to withdrawal limitations amounted to \$217,380.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### ***Excess Contributions Payable***

Excess contributions payable relate to amounts payable to participants for contributions in excess of amounts allowed by the IRS, and are recorded as a liability with a corresponding reduction to contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

The Plan has an agreement with Principal Life for a plan expense account to pay necessary and reasonable plan related expenses in accordance with the Department of Labor's guidance. The Sponsor is responsible for determining what expenses Principal Life will reimburse from the account. Amounts funded into this account by the Plan are treated as administrative expenses on the statement of changes in net assets available for benefits. Total additions to the account were \$864,200 and \$833,395 during 2020 and 2019, respectively. Administrative expenses of \$674,979

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

and \$584,275 were paid from the account during 2020 and 2019, respectively. The account's balance is not included in the investment balance on the statements of net assets available for benefits because the assets belong to Principal Life and an affiliate until such time as they are used to pay legitimate plan expenses within the terms of the account agreement.

Administrative expenses may be paid by ACCE Benefit Trust or the Plan, at ACCE Benefit Trust's discretion.

### **Note 3: Certification of Plan Trustee**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.
- Investment information and note receivable from participants included in the accompanying schedule of assets (held at year-end) as of December 31, 2020.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

### **Note 4: Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are managed by Principal Trust and its affiliates. Principal Trust is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid administrative expenses of \$1,736,518 and \$1,690,519 to Principal Life Insurance Company (PLIC), the Plan's contract administrator, during 2020 and 2019, respectively. Of the funds paid to PLIC during 2020 and 2019, \$864,200 and \$833,395, respectively, were used to fund the Plan's nonallocated expense account, as discussed in *Note 2*. ACCE provides certain administrative services at no cost to the Plan.

# ACCE Benefit Trust Profit Sharing Plan

## Notes to Financial Statements

December 31, 2020 and 2019

### Note 5: Fair Value Measurements

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

### Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2020 and 2019:

|                                          | Fair Value            | 2020<br>Fair Value Measurements Using |                       |                  |
|------------------------------------------|-----------------------|---------------------------------------|-----------------------|------------------|
|                                          |                       | Level 1                               | Level 2               | Level 3          |
| Mutual funds                             | \$ 55,192,420         | \$ 55,192,420                         | \$ -                  | \$ -             |
| Pooled separate accounts                 | 94,541,302            | -                                     | 94,541,302            | -                |
| Collective investment trust funds        | 228,145,879           | -                                     | 228,145,879           | -                |
| Self-directed brokerage accounts         | 4,300,797             | 4,300,797                             | -                     | -                |
| Guaranteed interest contract             | 68,762                | -                                     | -                     | 68,762           |
| Total assets in the fair value hierarchy | <u>\$ 382,249,160</u> | <u>\$ 59,493,217</u>                  | <u>\$ 322,687,181</u> | <u>\$ 68,762</u> |

# ACCE Benefit Trust Profit Sharing Plan

## Notes to Financial Statements

December 31, 2020 and 2019

|                                          | Fair Value            | 2019<br>Fair Value Measurements Using |                       |             |
|------------------------------------------|-----------------------|---------------------------------------|-----------------------|-------------|
|                                          |                       | Level 1                               | Level 2               | Level 3     |
| Mutual funds                             | \$ 50,215,605         | \$ 50,215,605                         | \$ -                  | \$ -        |
| Pooled separate accounts                 | 80,398,226            | -                                     | 80,398,226            | -           |
| Collective investment trust funds        | 199,540,756           | -                                     | 199,540,756           | -           |
| Self-directed brokerage accounts         | 3,174,496             | 3,174,496                             | -                     | -           |
| Total assets in the fair value hierarchy | <u>\$ 333,329,083</u> | <u>\$ 53,390,101</u>                  | <u>\$ 279,938,982</u> | <u>\$ -</u> |

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There has been no significant change in the valuation techniques during the years ended December 31, 2020 and 2019. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

### Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. This includes mutual funds and self-directed brokerage accounts. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. This includes pooled separate accounts and collective investment trust funds. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy, which includes a guaranteed interest contract. See *Note 2* for definitions of the inputs utilized to determine fair value.

### Level 3 Activity

During 2020 and 2019, purchases of the guaranteed interest contract were \$141,107 and \$0, respectively. During 2020 and 2019, sales of the guaranteed interest contract were \$55,363 and \$0, respectively. There have been no transfers into or out of Level 3 investments during the years ended December 31, 2020 and 2019.

# ACCE Benefit Trust Profit Sharing Plan

## Notes to Financial Statements

December 31, 2020 and 2019

### Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2020:

|                                 | Fair Value at<br>December 31,<br>2020 | Valuation<br>Technique     | Unobservable<br>Inputs                                     |
|---------------------------------|---------------------------------------|----------------------------|------------------------------------------------------------|
| Guaranteed<br>interest contract | \$ 68,762                             | Market Value<br>Adjustment | Composite Guaranteed Rate and<br>contractual interest rate |

### Note 6: Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Principal Life Insurance Company (PLIC). PLIC maintains the contributions in a general account, the Principal Fixed Income Guaranteed Option (PFIGO). The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As described in the basis of accounting disclosure, because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by PLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. A plan level surrender of the Plan's interest in the guarantee investment contract or a plan level initiated transfer will be subject to either a 12-month irrevocable advance notice or a 5 percent surrender charge, whichever the plan administrator chooses.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

# ACCE Benefit Trust Profit Sharing Plan

## Notes to Financial Statements

December 31, 2020 and 2019

The guaranteed investment contract permits the insurance company to terminate the agreement by providing an announcement of such termination at least five days prior to termination of the contract upon the occurrence of specified limited reasons.

### Note 7: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019, to Form 5500:

|                                                                | <b>2020</b>           | <b>2019</b>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 426,031,566        | \$ 374,988,448        |
| Loans deemed distributed per Form 5500                         | (49,096)              | (49,096)              |
| Excess contributions payable                                   | -                     | 55,121                |
| Net assets available for benefits per Form 5500                | <u>\$ 425,982,470</u> | <u>\$ 374,994,473</u> |

The following is a reconciliation of contributions per the financial statements for the years ended December 31, 2020 and 2019, to Form 5500:

|                                            | <b>2020</b>          | <b>2019</b>          |
|--------------------------------------------|----------------------|----------------------|
| Contributions per the financial statements | \$ 31,229,661        | \$ 32,607,978        |
| Excess contributions payable at year-end   | -                    | 55,121               |
| Contributions per Form 5500                | <u>\$ 31,229,661</u> | <u>\$ 32,663,099</u> |

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2020 and 2019, to Form 5500:

|                                                            | <b>2020</b>          | <b>2019</b>          |
|------------------------------------------------------------|----------------------|----------------------|
| Benefits paid to participants per the financial statements | \$ 38,127,179        | \$ 43,227,216        |
| Excess contributions payable in prior year                 | 55,121               | 79,746               |
| Benefits paid to participants per Form 5500                | <u>\$ 38,182,300</u> | <u>\$ 43,306,962</u> |

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

### **Note 8: Nonexempt Transactions**

Defined contribution plans are required to remit employee contributions and loan repayments to the Plan as soon as they can be reasonably segregated from the employer's general assets. For the year ended December 31, 2020, the Plan had reportable delinquent remittances of \$1,055,358 and \$416,021 attributable to 2020 and 2019, plan years, respectively. Lost earnings and excise taxes are paid by the related participating chambers, not from plan assets.

### **Note 9: Plan Termination**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to no longer allow contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their employer contributions.

### **Note 10: Tax Status**

The IRS has determined and informed the Sponsor by a letter dated November 13, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt.

### **Note 11: Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

The outbreak of the novel coronavirus COVID-19, which was declared a pandemic by the World Health Organization on March 11, 2020, has led to adverse impacts on the U.S. and global economies. Economic uncertainties have arisen, which have resulted in significant volatility in the investment markets and may continue to impact the value of Plan assets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

The Principal Fixed Income Guaranteed Option fund represents approximately 10 percent of the Plan's net assets available for benefits at fair value as of December 31, 2020 and 2019, respectively. As such, this represents a concentration of credit risk.

# **ACCE Benefit Trust Profit Sharing Plan**

## **Notes to Financial Statements**

**December 31, 2020 and 2019**

### **Note 12: Subsequent Events**

Subsequent events have been evaluated through October 13, 2021, which is the date the financial statements were available to be issued.

## **Supplemental Schedules**

# ACCE Benefit Trust Profit Sharing Plan

EIN 54-6487038 PN 001

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2020

| Participant<br>Contributions<br>Transferred Late<br>to Plan<br>Check here if Late<br>Participant Loan<br>Repayments<br>are included [X] | Plan<br>Year | Total that Constitute Nonexempt<br>Prohibited Transactions |                                               |                                                   | Total Fully<br>Corrected<br>Under<br>VFCP and<br>PTE 2002-51 |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                         |              | Contributions<br>Not<br>Corrected                          | Contributions<br>Corrected<br>Outside<br>VFCP | Contributions<br>Pending<br>Correction<br>in VFCP |                                                              |
| \$ 416,021                                                                                                                              | 2019         | \$ 8,312                                                   | \$ 407,709                                    | \$ -                                              | \$ -                                                         |
| 1,055,728                                                                                                                               | 2020         | 369,245                                                    | 686,483                                       | -                                                 | -                                                            |
| <u>\$ 1,471,749</u>                                                                                                                     |              | <u>\$ 377,557</u>                                          | <u>\$ 1,094,192</u>                           | <u>\$ -</u>                                       | <u>\$ -</u>                                                  |

2019 Delinquent Participant Contributions: Lost earnings were remitted and Forms 5330 were filed in 2020, with applicable excise taxes paid by the related participating chambers.

2020 Delinquent Participant Contributions: Lost earnings were remitted and Forms 5330 were filed in 2020 and 2021, with applicable excise taxes paid by the related participating chambers.

# ACCE Benefit Trust Profit Sharing Plan

EIN 54-6487038 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

| Identity of Issuer                       | Description of Investment                         | Current Value |
|------------------------------------------|---------------------------------------------------|---------------|
| <b>Pooled Separate Accounts</b>          |                                                   |               |
| * The Principal Life Insurance Co.       | Principal Core Fixed Income Separate Account      | \$ 11,209,448 |
| * The Principal Life Insurance Co.       | Principal U.S. Property Sep Acct                  | 5,080,215     |
| * The Principal Life Insurance Co.       | Principal LargeCap S&P 500 Index Sep Acct         | 21,802,334    |
| * The Principal Life Insurance Co.       | Principal SmallCap Growth I Sep Acct              | 7,111,729     |
| * The Principal Life Insurance Co.       | Principal MidCap Growth Sep Acct                  | 17,325,823    |
| * The Principal Life Insurance Co.       | Principal SmallCap Value II Sep Acct              | 3,925,944     |
| * The Principal Life Insurance Co.       | Principal Mid-Cap S&P 400 Index Sep Acct          | 1,337,704     |
| * The Principal Life Insurance Co.       | Principal Small-Cap S&P 600 Index Sep Acct        | 7,742,421     |
| * The Principal Life Insurance Co.       | Principal Mid-Cap Value I Sep Acct                | 1,728,205     |
| * The Principal Life Insurance Co.       | Principal Diversified International Sep Acct      | 13,558,216    |
| * The Principal Life Insurance Co.       | Principal International Emerging Markets Sep Acct | 3,719,263     |
| Total pooled separate accounts           |                                                   | 94,541,302    |
| <b>Collective Investment Trust Funds</b> |                                                   |               |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid Income CIT              | 4,938,904     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2010 CIT                | 7,579,301     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2015 CIT                | 988,929       |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2020 CIT                | 31,686,826    |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2025 CIT                | 9,136,046     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2030 CIT                | 63,040,950    |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2035 CIT                | 6,805,319     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2040 CIT                | 54,172,704    |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2045 CIT                | 5,199,065     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2050 CIT                | 32,830,035    |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2055 CIT                | 4,216,855     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2060 CIT                | 7,121,837     |
| * Principal Global Investors Trust Co.   | Principal LifeTime Hybrid 2065 CIT                | 429,108       |
| Total collective investment trust funds  |                                                   | 228,145,879   |

\* Party in interest as defined by ERISA

# ACCE Benefit Trust Profit Sharing Plan

EIN 54-6487038 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2020

| Identity of Issuer                        | Description of Investment                      | Current Value  |
|-------------------------------------------|------------------------------------------------|----------------|
| <b>Mutual Funds</b>                       |                                                |                |
| American Funds Distributors, Inc.         | American Funds Growth Fund of America R6       | \$ 33,576,422  |
| American Funds Distributors, Inc.         | American Funds Washington Mutual Investors R6  | 21,615,998     |
| Total mutual funds                        |                                                | 55,192,420     |
| <b>Self-Directed Brokerage Accounts</b>   |                                                |                |
| Self Directed Brokerage Accounts          | Individually Directed Accounts                 | 4,300,797      |
| <b>Investment Contracts</b>               |                                                |                |
| * The Principal Life Insurance Co.        | Principal Fixed Income Guaranteed Option       | 40,383,634     |
| * The Principal Life Insurance Co.        | Principal Pension Builder (SM) Z               | 68,762         |
| Total investment contracts                |                                                | 40,452,396     |
| <b>Notes Receivable from Participants</b> |                                                |                |
| * Participant loans                       | Loans with interest rates from 4.25% to 10.50% | 2,877,414      |
|                                           |                                                | \$ 425,510,208 |

\* Party in interest as defined by ERISA

## SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

## SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

ASSOCIATION OF CHAMBER OF COMMERCE EXECUTIVES

EIN 54 6487038  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2020 TO 12/31/2020

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | The American Funds                                               | Registered Investment Company<br>Am Fds Grth Fd of Am R6 Fund                                                     | \$ 0.00     | \$ 33,576,421.62     |
|     | The American Funds                                               | Registered Investment Company<br>American Fds WshMut Inv R6 Fd                                                    | \$ 0.00     | \$ 21,615,998.07     |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin Core Fix Inc Sep Acct-Z                                                          | \$ 0.00     | \$ 11,209,448.47     |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin Diversified Intl SA-Z                                                            | \$ 0.00     | \$ 13,558,215.98     |
| *   | Principal Life Insurance Company                                 | Insurance Company General<br>Prin Fixed Inc Guar Option                                                           | \$ 0.00     | \$ 40,383,633.93     |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin Intl Emerg Markets SA-Z                                                          | \$ 0.00     | \$ 3,719,263.14      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin LgCp S&P 500 Index SA-Z                                                          | \$ 0.00     | \$ 21,802,334.20     |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hy Inc CIT X                                                             | \$ 0.00     | \$ 4,938,904.12      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hy 2050 CIT X                                                            | \$ 0.00     | \$ 32,830,035.56     |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hy 2055 CIT X                                                            | \$ 0.00     | \$ 4,216,854.61      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hy 2060 CIT X                                                            | \$ 0.00     | \$ 7,121,837.04      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hy 2065 CIT X                                                            | \$ 0.00     | \$ 429,108.52        |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hyb 2010 CIT X                                                           | \$ 0.00     | \$ 7,579,300.82      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hyb 2015 CIT X                                                           | \$ 0.00     | \$ 988,929.31        |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hyb 2020 CIT X                                                           | \$ 0.00     | \$ 31,686,826.10     |

**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

ASSOCIATION OF CHAMBER OF COMMERCE EXECUTIVES

EIN 54 6487038  
PLAN NUMBER 001  
PLAN YEAR 01/01/2020 TO 12/31/2020

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hyb 2025 CIT X                                                           | \$ 0.00     | \$ 9,136,045.74      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime Hyb 2030 CIT X                                                           | \$ 0.00     | \$ 63,040,949.74     |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime HB 2035 CIT X                                                            | \$ 0.00     | \$ 6,805,319.25      |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime HB 2040 CIT X                                                            | \$ 0.00     | \$ 54,172,703.94     |
| *   | Principal Global Investors Trust Co                              | Common/Collective Trust<br>Prin LifeTime HB 2045 CIT X                                                            | \$ 0.00     | \$ 5,199,064.66      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin MidCap Growth Sep Acct-Z                                                         | \$ 0.00     | \$ 17,325,823.06     |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin MidCap S&P 400 Idx SA-Z                                                          | \$ 0.00     | \$ 5,080,214.54      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin MidCap Value I SA-Z                                                              | \$ 0.00     | \$ 1,728,205.23      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin SInCap Growth I Sep Acct-Z                                                       | \$ 0.00     | \$ 7,111,728.52      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin SInCap S&P 600 Index SA-Z                                                        | \$ 0.00     | \$ 7,742,421.01      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Prin SInCap Value II Sep Acct-Z                                                       | \$ 0.00     | \$ 3,925,943.38      |
|     | Principal Life Insurance Company                                 | Brokerage Account<br>Principal Self-Dir Broker Acct                                                               | \$ 0.00     | \$ 4,300,797.36      |
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>Principal U.S. Property SA-Z                                                          | \$ 0.00     | \$ 1,337,704.08      |
| *   | Principal Life Insurance Company                                 | Insurance Company General<br>PRINCIPAL PENSION BUILDER(SM)Z                                                       | \$ 0.00     | \$ 68,762.00         |
| *   | Participant Loans                                                | Range of Interest Rates<br>Rates Range From 4.25% To 10.50%                                                       | \$ 0.00     | \$ 2,878,933.00      |

## Multiple Employer Plan Participating Employer Information

|     | Participating Employer                                     | EIN        | Percent of Total Contributions |
|-----|------------------------------------------------------------|------------|--------------------------------|
| 3   | Taunton Area Chamber of Commerce                           | 04-2016133 | 0.02%                          |
| 17  | East Mississippi Business Development Corporation          | 64-0811158 | 0.22%                          |
| 39  | Lynchburg Regional Business Alliance                       | 54-0165020 | 0.39%                          |
| 46  | Texarkana Chamber of Commerce                              | 75-0694083 | 0.08%                          |
| 77  | Richland Area Chamber of Commerce                          | 34-0375840 | 0.17%                          |
| 78  | Merrimack Valley Chamber of Commerce                       | 04-1527920 | 0.15%                          |
| 123 | Berkshire Strategic Alliance                               | 04-1731190 | 0.15%                          |
| 158 | Salinas Valley Chamber of Commerce                         | 94-0832000 | 0.06%                          |
| 181 | Lancaster County Chamber of Commerce                       | 57-0296358 | 0.06%                          |
| 184 | Blair County Chamber of Commerce                           | 23-0340330 | 0.12%                          |
| 190 | Cape Ann Chamber of Commerce                               | 04-1371800 | 0.13%                          |
| 191 | Long Beach Area Chamber of Commerce                        | 95-0944550 | 0.29%                          |
| 203 | Westmoreland Chamber of Commerce                           | 25-0523468 | 0.12%                          |
| 208 | Hot Springs Chamber of Commerce                            | 71-0089940 | 0.27%                          |
| 219 | Jefferson City Area Chamber of Commerce                    | 44-0299950 | 0.19%                          |
| 221 | Bay County Chamber of Commerce                             | 59-0391375 | 0.12%                          |
| 231 | Chamber of Commerce Serving Middletown, Monroe and Trenton | 31-0506556 | 0.08%                          |
| 239 | Kingsport Chamber Foundation, Inc.                         | 62-0446834 | 0.55%                          |
| 265 | Santa Rosa Chamber of Commerce                             | 94-0842470 | 0.27%                          |
| 284 | Hagerstown-Washington County Chamber of Commerce           | 52-0341110 | 0.12%                          |
| 291 | Rocky Mount Area Chamber of Commerce                       | 56-0380635 | 0.11%                          |
| 322 | Douglas-Coffee County Chamber of Commerce                  | 58-0519513 | 0.10%                          |
| 356 | North Shore Chamber of Commerce                            | 04-1087160 | 0.13%                          |
| 360 | Michigan City Area Chamber of Commerce                     | 35-0512630 | 0.03%                          |
| 363 | Bessemer Area Chamber of Commerce                          | 63-0020120 | 0.02%                          |
| 391 | Newnan-Coweta Chamber of Commerce                          | 58-0532006 | 0.10%                          |
| 392 | San Marcos Chamber of Commerce                             | 74-0880672 | 0.05%                          |
| 402 | Hampton Roads Chamber of Commerce                          | 54-1252997 | 0.92%                          |
| 473 | Miami Valley Research Foundation                           | 31-0996772 | 0.11%                          |
| 484 | Dallas Regional Chamber                                    | 75-0223440 | 3.06%                          |
| 493 | Glendale Chamber of Commerce                               | 95-0775310 | 0.00%                          |
| 496 | Huntsville Walker Chamber of Commerce                      | 74-0702260 | 0.08%                          |
| 499 | St. Cloud Area Chamber of Commerce                         | 41-0517417 | 0.34%                          |
| 507 | Loombs County Chamber of Commerce                          | 58-1756732 | 0.04%                          |
| 535 | Greater Conroe/Lake Conroe Area Chamber of Commerce        | 74-0792440 | 0.07%                          |
| 538 | San Angelo Chamber of Commerce                             | 07-5600242 | 0.13%                          |
| 600 | Dothan - Houston Chamber of Commerce                       | 63-0060872 | 0.32%                          |
| 603 | Cleveland/Bradley Chamber of Commerce                      | 62-0162970 | 0.25%                          |
| 604 | Chapel Hill - Carrboro Chamber of Commerce                 | 56-0798467 | 0.20%                          |
| 605 | Tuscarawas Chamber of Commerce                             | 34-0697699 | 0.05%                          |
| 607 | Newark Regional Business Partnership                       | 22-1644616 | 0.33%                          |
| 611 | Hartford Chamber of Commerce                               | 06-0383300 | 1.43%                          |
| 620 | Association of Chamber of Commerce Executives              | 52-1022025 | 0.81%                          |
| 622 | Greater Raleigh Chamber of Commerce                        | 56-0370850 | 1.10%                          |
| 625 | Greater Waterbury Chamber of Commerce                      | 06-0289787 | 0.17%                          |
| 627 | Medford/Jackson County Chamber of Commerce                 | 93-0197580 | 0.20%                          |
| 628 | Business Council of Fairfield County Connecticut, Inc.     | 06-0865939 | 0.17%                          |
| 632 | Manatee Chamber of Commerce, Inc.                          | 59-0979413 | 0.40%                          |
| 636 | Hilton Head Island-Bluffton Chamber of Commerce            | 57-0375569 | 0.77%                          |

|     |                                                             |            |       |
|-----|-------------------------------------------------------------|------------|-------|
| 637 | Daytona Regional Chamber of Commerce                        | 59-0215990 | 0.21% |
| 638 | Champaign County Chamber of Commerce                        | 37-1269310 | 0.11% |
| 639 | Walnut Creek Chamber of Commerce                            | 94-1108767 | 0.43% |
| 640 | Burlington/West Burlington Area Chamber of Commerce         | 42-0161630 | 0.30% |
| 642 | Louisiana Association of Business & Ind (LABI)              | 72-0780313 | 0.72% |
| 643 | Greater Austin Chamber of Commerce                          | 74-0492475 | 1.51% |
| 644 | Dothan Area Convention and Visitors Bureau                  | 63-1067137 | 0.03% |
| 645 | Greater Louisville, Inc.                                    | 61-0434089 | 0.75% |
| 646 | Charleston Regional Development Alliance                    | 57-1015804 | 0.78% |
| 647 | Baton Rouge Area Chamber                                    | 72-0126959 | 1.11% |
| 648 | Orange County Business Council                              | 23-7084107 | 0.51% |
| 649 | Greater New Haven Chamber of Commerce                       | 06-0468900 | 0.28% |
| 651 | Abilene Chamber of Commerce                                 | 75-0101260 | 0.86% |
| 653 | San Jose Silicon Valley Chamber of Commerce                 | 94-1659396 | 0.35% |
| 654 | Alexandria Chamber of Commerce                              | 54-0119410 | 0.12% |
| 655 | Richmond Metropolitan Convention and Visitors Bureau        | 54-1249192 | 1.82% |
| 658 | Steamboat Springs Chamber Resort Association, Inc.          | 84-0394242 | 0.15% |
| 659 | Greater Phoenix Chamber of Commerce                         | 86-0046963 | 0.89% |
| 663 | Alexandria Economic Development Partnership                 | 54-1625093 | 0.86% |
| 669 | Saginaw County Chamber of Commerce                          | 38-0995390 | 0.10% |
| 670 | Marshfield Area Chamber of Commerce and Industry            | 39-1570585 | 0.15% |
| 671 | Greater Jackson Chamber Partnership                         | 64-0180340 | 0.11% |
| 672 | Findlay - Hancock County Chamber of Commerce                | 34-4232400 | 0.25% |
| 673 | Rockford Chamber of Commerce                                | 36-1695170 | 0.31% |
| 674 | Rockford Area Economic Development Council                  | 36-3055858 | 0.23% |
| 675 | Santa Clara Chamber of Commerce                             | 94-0675790 | 0.02% |
| 676 | Greater Binghamton Chamber of Commerce                      | 15-0245930 | 0.34% |
| 677 | Joplin Area Chamber of Commerce                             | 44-0304705 | 0.34% |
| 679 | Kentucky Chamber of Commerce                                | 61-0405718 | 1.43% |
| 681 | Greater Providence Chamber of Commerce                      | 05-0203250 | 0.51% |
| 682 | El Centro Chamber of Commerce and Visitors Bureau           | 95-0706200 | 0.05% |
| 683 | North Central Massachusetts Chamber of Commerce             | 22-2505324 | 0.26% |
| 685 | Grand Rapids Area Chamber of Commerce                       | 38-0592500 | 0.56% |
| 686 | Greater Scranton Chamber of Commerce                        | 24-0716460 | 0.58% |
| 691 | Muncie - Delaware County Chamber of Commerce                | 35-0534380 | 0.12% |
| 692 | Delaware Advancement Corporation                            | 31-1111841 | 0.56% |
| 694 | Rowan County Chamber of Commerce                            | 56-0387470 | 0.09% |
| 696 | MetroWest Chamber of Commerce                               | 04-1339795 | 0.06% |
| 697 | McAllen Chamber of Commerce                                 | 74-0771990 | 0.47% |
| 699 | Jacksonville and The Beaches Convention and Visitors Bureau | 59-3281720 | 0.53% |
| 700 | Greater Durham Chamber of Commerce                          | 56-0207530 | 0.20% |
| 701 | Brownsville Chamber of Commerce                             | 74-0530305 | 0.01% |
| 702 | Clear Lake Area Chamber of Commerce                         | 74-1473007 | 0.15% |
| 709 | Greater Johnstown Chamber of Commerce                       | 25-0578985 | 0.14% |
| 712 | Eau Claire Area Chamber of Commerce                         | 39-0255585 | 0.29% |
| 715 | Southeast Tourism Society                                   | 58-1557360 | 0.07% |
| 716 | Washtenaw County Convention & Visitors Bureau               | 38-3088359 | 0.44% |
| 718 | Lubbock Chamber of Commerce, Inc.                           | 75-0403180 | 0.25% |
| 721 | Oak Ridge Chamber of Commerce                               | 62-0572006 | 0.18% |
| 722 | Tacoma - Pierce County Chamber                              | 91-0434830 | 0.28% |
| 725 | El Dorado Chamber of Commerce                               | 71-0029610 | 0.06% |
| 726 | Greater Killeen Chamber of Commerce                         | 74-1108561 | 0.38% |
| 727 | Greater Rochester Chamber of Commerce                       | 02-0185370 | 0.02% |
| 728 | Morgan County Economic Development Association              | 63-0577301 | 0.14% |

|     |                                                                   |            |       |
|-----|-------------------------------------------------------------------|------------|-------|
| 731 | Clinton County Chamber of Commerce                                | 35-0319923 | 0.02% |
| 733 | Commerce and Industry Association New Jersey                      | 22-0766160 | 0.22% |
| 734 | Darke County Chamber of Commerce                                  | 34-4249490 | 0.01% |
| 735 | Grand Island Area Chamber of Commerce                             | 47-0387580 | 0.07% |
| 736 | Wellesley Chamber of Commerce                                     | 04-2425557 | 0.00% |
| 740 | Greater Battle Creek/Calhan County Visitors and Convention Bureau | 38-3212005 | 0.15% |
| 741 | Ann Arbor/Ypsilanti Regional Chamber                              | 38-0303680 | 0.04% |
| 744 | Angelina County Chamber of Commerce                               | 75-0404345 | 0.19% |
| 747 | Scottsdale Chamber of Commerce                                    | 86-0113143 | 0.14% |
| 748 | Emporia Area Chamber of Commerce                                  | 48-0209380 | 0.06% |
| 749 | Greater Tampa Chamber of Commerce                                 | 59-0474960 | 0.63% |
| 750 | Albany Area Chamber of Commerce                                   | 58-0134930 | 0.16% |
| 751 | American - Israel Chamber of Commerce                             | 58-1975268 | 0.02% |
| 752 | Greater Boca Raton Chamber of Commerce                            | 59-0667561 | 0.21% |
| 753 | Bartlesville Chamber of Commerce                                  | 73-0141220 | 0.34% |
| 759 | Little Rock Regional Chamber of Commerce                          | 71-0108510 | 0.57% |
| 761 | The Carolinas Gateway Partnership                                 | 56-1931327 | 0.17% |
| 765 | Starkville Area Chamber of Commerce                               | 64-0789906 | 0.06% |
| 766 | American Lighting Association                                     | 36-6069583 | 0.75% |
| 771 | Greater Greer Chamber of Commerce                                 | 57-0174128 | 0.13% |
| 772 | Greater Washington Board of Trade                                 | 53-0162570 | 0.61% |
| 773 | Dubuque Area Chamber of Commerce                                  | 42-0223700 | 0.15% |
| 774 | Columbia County Chamber of Commerce                               | 14-1599033 | 0.03% |
| 777 | Clarksville Montgomery County Economic Development Council        | 62-1588013 | 0.61% |
| 780 | Greater Topeka Partnership                                        | 48-4581270 | 0.92% |
| 783 | Eastern Shore Chamber of Commerce                                 | 63-0315293 | 0.09% |
| 784 | Metro South Chamber of Commerce                                   | 04-1123000 | 0.17% |
| 786 | St. Louis Regional Chamber and Growth Association                 | 43-0975222 | 1.00% |
| 789 | Johnstown Area Regional Industries, Inc.                          | 25-1254617 | 0.39% |
| 791 | Fort Smith Chamber of Commerce                                    | 71-0029620 | 0.19% |
| 793 | Boise Metro Chamber of Commerce                                   | 82-0100595 | 0.83% |
| 796 | Greater Macon Chamber of Commerce                                 | 58-0333200 | 0.13% |
| 797 | New Castle County Chamber of Commerce                             | 51-0098307 | 0.21% |
| 798 | Greater Manchester Chamber of Commerce                            | 02-0161920 | 0.12% |
| 800 | Midland Chamber of Commerce                                       | 75-0436936 | 0.03% |
| 801 | Independence Chamber of Commerce                                  | 44-0196827 | 0.09% |
| 803 | Spartanburg Area Chamber                                          | 57-0251910 | 0.52% |
| 804 | Enterprise Group of Jackson, Inc.                                 | 38-3326101 | 0.12% |
| 806 | Salina Area Chamber of Commerce                                   | 48-0402660 | 0.18% |
| 807 | Hudson County Chamber of Commerce & Industry                      | 22-2262152 | 0.03% |
| 808 | Northwest Indiana Forum, Inc.                                     | 35-1467924 | 0.14% |
| 811 | Rockford Area Convention & Visitors Bureau                        | 36-3342710 | 0.19% |
| 814 | Greenwood Area Chamber of Commerce                                | 57-0173843 | 0.05% |
| 815 | River Bend Growth Association                                     | 37-1172615 | 0.15% |
| 816 | Martinsburg - Berkeley County Chamber of Commerce                 | 55-0140178 | 0.07% |
| 817 | Iberville Chamber of Commerce                                     | 72-0378123 | 0.05% |
| 818 | Decatur - Morgan County Chamber of Commerce                       | 63-0039360 | 0.22% |
| 821 | Decatur Convention and Visitors Bureau                            | 63-1003684 | 0.07% |
| 823 | York County Economic Alliance                                     | 45-3777710 | 0.71% |
| 824 | Fox Cities Chamber of Commerce                                    | 39-1248133 | 0.44% |
| 826 | Chamber of Commerce Ulster County, Inc.                           | 14-1260937 | 0.13% |
| 828 | Greater Atlantic City Chamber of Commerce                         | 21-0398240 | 0.09% |
| 831 | Tulsa Regional Chamber, Inc.                                      | 73-0488250 | 1.60% |
| 832 | Springfield Area Chamber of Commerce                              | 44-0501055 | 0.93% |

|     |                                                              |            |       |
|-----|--------------------------------------------------------------|------------|-------|
| 834 | Greater Paterson Chamber of Commerce                         | 22-1187770 | 0.01% |
| 835 | Fort Worth Chamber of Commerce                               | 75-0275060 | 0.55% |
| 836 | Branson/Lakes Area Chamber of Commerce                       | 44-0586242 | 0.42% |
| 838 | Fond Du Lac Area Association of Commerce                     | 39-0284470 | 0.26% |
| 839 | Wichita Falls Board of Commerce and Industry                 | 75-1102461 | 0.22% |
| 840 | Stark Development Board                                      | 34-1476938 | 0.29% |
| 841 | Mississippi Gulf Coast Chamber of Commerce                   | 64-0761350 | 0.12% |
| 843 | Greater Shreveport Chamber of Commerce                       | 72-0315700 | 0.16% |
| 844 | Chillicothe Ross Chamber of Commerce                         | 31-4147100 | 0.08% |
| 845 | Georgetown Business Improvement District, Inc.               | 52-2023786 | 0.69% |
| 848 | Oklahoma State Chamber of Commerce                           | 73-1270209 | 0.04% |
| 849 | Mansfield Richland County Convention and Visitors Bureau     | 34-1363767 | 0.08% |
| 850 | Lead Brevard, Inc                                            | 59-3189067 | 0.06% |
| 851 | Lawrence Chamber of Commerce                                 | 48-0305580 | 0.27% |
| 852 | Iri County Area Chamber of Commerce                          | 23-0985000 | 0.03% |
| 853 | Deer Park Chamber of Commerce                                | 74-1715237 | 0.03% |
| 854 | Greater Decatur Chamber of Commerce                          | 37-0159790 | 0.16% |
| 855 | Wausau Area Chamber of Commerce                              | 39-0690620 | 0.22% |
| 856 | Billings Area Chamber of Commerce                            | 81-0111570 | 0.44% |
| 858 | Williamsburg Area Chamber of Commerce                        | 54-0482313 | 0.58% |
| 859 | The Shoals Chamber of Commerce                               | 63-0943956 | 0.09% |
| 860 | Amarillo Chamber of Commerce                                 | 75-0109485 | 0.37% |
| 863 | Baldwin County Economic Development Alliance                 | 63-1116390 | 0.14% |
| 864 | Springfield Convention and Visitors Bureau, Inc.             | 43-1516178 | 0.62% |
| 865 | Harrisburg Regional Chamber of Commerce                      | 25-1750121 | 0.36% |
| 866 | Michigan West Coast Chamber of Commerce                      | 38-0655230 | 0.25% |
| 867 | Odessa Chamber of Commerce                                   | 75-0469860 | 0.52% |
| 871 | Greater Watertown North Country Chamber of Commerce          | 15-0486030 | 0.05% |
| 872 | York County Convention and Visitors Bureau                   | 23-1604176 | 0.24% |
| 873 | Cullman County Chamber of Commerce                           | 63-0384727 | 0.02% |
| 879 | Amelia Island - Fernandina Beach - Yulee Chamber of Commerce | 59-0717156 | 0.11% |
| 880 | Quad Cities Chamber of Commerce, Inc.                        | 27-3065786 | 0.82% |
| 881 | Beaumont Chamber of Commerce                                 | 74-0504300 | 0.16% |
| 882 | Economic Growth Connection of Westmoreland                   | 25-6076647 | 0.22% |
| 883 | Maryland Chamber of Commerce                                 | 52-1784310 | 0.30% |
| 885 | Staten Island Chamber of Commerce                            | 13-5579112 | 0.13% |
| 886 | The Providence Warwick Convention and Visitors Bureau        | 05-0487503 | 0.51% |
| 888 | Limestone County Development Association, Inc.               | 63-0438905 | 0.07% |
| 889 | Chattanooga Area Chamber of Commerce                         | 62-0154480 | 1.50% |
| 890 | Tunica County Chamber of Commerce                            | 64-0763949 | 0.00% |
| 892 | Northern Kentucky Chamber of Commerce                        | 61-0679408 | 0.44% |
| 893 | Overland Park Chamber of Commerce                            | 48-0687259 | 0.41% |
| 895 | Monroe Chamber of Commerce                                   | 72-0263750 | 0.17% |
| 896 | Baytown Chamber of Commerce                                  | 74-1011101 | 0.12% |
| 898 | Chandler Chamber of Commerce                                 | 86-0107200 | 0.06% |
| 903 | TwinWest Chamber of Commerce                                 | 41-1486761 | 0.06% |
| 905 | Regional Business Council                                    | 43-1913803 | 0.23% |
| 906 | Bowling Green Area Chamber of Commerce                       | 61-0139152 | 0.24% |
| 908 | Columbus Area Chamber of Commerce                            | 35-0240270 | 0.89% |
| 911 | Nacogdoches County Chamber of Commerce                       | 75-0455970 | 0.04% |
| 912 | Greater Spokane Incorporated                                 | 91-0418800 | 0.81% |
| 913 | One Acadiana, Inc.                                           | 72-0232780 | 0.69% |
| 914 | The United Regional Chamber of Commerce                      | 27-0429139 | 0.00% |
| 915 | Danville Pittsylvania County Chamber of Commerce             | 54-0188090 | 0.07% |

|      |                                                      |            |       |
|------|------------------------------------------------------|------------|-------|
| 917  | Market Street Services, Inc.                         | 58-2332974 | 0.06% |
| 918  | Los Angeles Area Chamber of Commerce                 | 95-0947860 | 1.33% |
| 921  | Round Rock Chamber of Commerce                       | 74-1983423 | 0.30% |
| 925  | Greater Utica Chamber of Commerce                    | 15-0476330 | 0.07% |
| 926  | Oxford-Lafayette County Chamber of Commerce          | 64-0217637 | 0.10% |
| 928  | Corridor Nine Area Chamber of Commerce               | 22-3887369 | 0.05% |
| 929  | Anderson Area Chamber of Commerce                    | 57-0115330 | 0.10% |
| 932  | Regional Development Company                         | 35-1939664 | 0.19% |
| 936  | Greater Norwalk Chamber of Commerce                  | 06-0289785 | 0.15% |
| 937  | Northern Kentucky Regional Alliance                  | 31-1489316 | 0.14% |
| 939  | Worthington Area Chamber of Commerce                 | 31-1037348 | 0.03% |
| 941  | Holland Tulip Time Festival Inc.                     | 38-1266660 | 0.05% |
| 942  | Greater Greenville Chamber of Commerce               | 57-0173240 | 0.40% |
| 943  | The Development Authority of Richmond County         | 52-1309430 | 0.21% |
| 944  | Harrisonburg-Rockingham Chamber of Commerce          | 54-0241485 | 0.06% |
| 945  | High Point Convention and Visitors Bureau            | 56-1923880 | 0.05% |
| 946  | Warner Robbins Area Chamber of Commerce              | 58-0676713 | 0.09% |
| 949  | Carroll County Economic Development Foundation, Inc. | 58-2589709 | 0.23% |
| 951  | Florida Chamber of Commerce                          | 59-0248200 | 1.91% |
| 952  | Medina Area Chamber of Commerce                      | 34-0693547 | 0.05% |
| 956  | Austin Area Chamber of Commerce                      | 41-0133918 | 0.10% |
| 957  | Cape Girardeau Area Chamber of Commerce              | 43-0206170 | 0.17% |
| 958  | Schuylkill Chamber of Commerce                       | 23-0985420 | 0.06% |
| 959  | The Greater Bethesda Chevy Chase Chamber of Commerce | 52-0545799 | 0.07% |
| 960  | Greater Florence Chamber of Commerce                 | 57-0125625 | 0.17% |
| 961  | 495/Metrowest Corridor Partnership                   | 16-1658406 | 0.04% |
| 964  | Arkansas State Chamber of Commerce                   | 71-0006170 | 0.50% |
| 969  | The Providence Foundation                            | 23-7423032 | 0.21% |
| 970  | Moore County Chamber of Commerce                     | 56-0891756 | 0.08% |
| 971  | Fort Collins Area Chamber of Commerce                | 84-0201983 | 0.34% |
| 973  | Hinds County Economic Development Authority          | 27-3788576 | 0.34% |
| 974  | Holland Area Convention and Visitors Bureau          | 38-2642783 | 0.15% |
| 975  | Frisco Chamber of Commerce                           | 75-2149200 | 0.17% |
| 976  | Downers Grove Area Chamber of Commerce and Industry  | 36-2207366 | 0.09% |
| 978  | Glenwood Springs Chamber Resort Association          | 84-0212635 | 0.11% |
| 981  | Arkadelphia Regional Alliance                        | 26-2859118 | 0.15% |
| 982  | Champaign County Convention and Visitors Bureau      | 37-1167754 | 0.14% |
| 983  | Fayetteville-Cumberland County Chamber of Commerce   | 80-0058724 | 0.04% |
| 986  | Midland Development Corporation                      | 27-1069506 | 0.30% |
| 987  | North Carolina Chamber                               | 56-0340499 | 1.50% |
| 988  | Sacramento Metropolitan Chamber of Commerce          | 94-0824600 | 0.39% |
| 989  | West Chambers County Chamber of Commerce             | 76-0231451 | 0.08% |
| 991  | Greater San Marcos Economic Development Corporation  | 80-0624502 | 0.16% |
| 992  | Greater Silver Spring Chamber of Commerce            | 52-1813227 | 0.13% |
| 993  | Sioux Falls Development Foundation                   | 46-0243934 | 0.56% |
| 994  | Northern Palm Beach County Chamber of Commerce       | 59-1001660 | 0.14% |
| 995  | St. Tammany-West Chamber of Commerce                 | 72-0573742 | 0.10% |
| 996  | Broken Arrow Chamber of Commerce                     | 73-0534499 | 0.15% |
| 997  | New Orleans Chamber of Commerce                      | 20-0553845 | 0.29% |
| 998  | Leadership Florida                                   | 59-3201445 | 0.46% |
| 999  | Economic Development Alliance of Bay County          | 45-4008525 | 0.20% |
| 1008 | Southwest Indiana Chamber                            | 35-0298180 | 0.43% |
| 1055 | Metrocrest Chamber of Commerce                       | 75-1047178 | 0.00% |
| 1056 | Longview Chamber of Commerce                         | 75-0400490 | 0.15% |

|      |                                                               |            |       |
|------|---------------------------------------------------------------|------------|-------|
| 1057 | Mason City Chamber of Commerce                                | 42-0398820 | 0.18% |
| 1062 | Northern Louisiana Economic Partnership                       | 72-0936419 | 0.35% |
| 1063 | Arkansans for Education Reform Foundation                     | 20-1805180 | 0.18% |
| 1064 | Commerce Lexington, Inc.                                      | 61-0258800 | 0.58% |
| 1068 | Chamber of Business & Industry Centre County                  | 25-1196048 | 0.18% |
| 1069 | Greater Easley Chamber of Commerce                            | 57-0293736 | 0.01% |
| 1070 | Dubuque Area Convention and Visitors Bureau                   | 46-3010125 | 0.16% |
| 1071 | Tennessee Chamber of Commerce and Industry                    | 62-1236022 | 0.24% |
| 1072 | Fredericksburg Regional Chamber of Commerce                   | 54-0216400 | 0.14% |
| 1074 | Long Island Association                                       | 11-1617383 | 0.35% |
| 1076 | Cape Cod Chamber of Commerce, Inc.                            | 04-1148920 | 0.21% |
| 1078 | Wayne Economic Development Council                            | 34-1686471 | 0.16% |
| 1079 | Albany Dougherty Economic Development Commission              | 26-2878181 | 0.08% |
| 1080 | The Greater Naples Chamber of Commerce                        | 59-0688292 | 0.34% |
| 1082 | Jefferson Chamber of Commerce                                 | 72-1366389 | 0.17% |
| 1085 | Chesterfield County Chamber of Commerce                       | 54-1961707 | 0.07% |
| 1086 | Katy Area Economic Development Council                        | 20-0321679 | 0.03% |
| 1087 | Parker Area Chamber of Commerce                               | 84-0721419 | 0.03% |
| 1088 | Martha's Vineyard Chamber of Commerce                         | 04-2683358 | 0.01% |
| 1089 | Japan American Society of Kentucky, Inc.                      | 61-1134245 | 0.03% |
| 1090 | Leadership Kentucky Foundation, Inc.                          | 31-1096215 | 0.12% |
| 1091 | Oxford Lafayette County Economic Development Foundation, Inc. | 64-0824720 | 0.11% |
| 1093 | Gainesville Area Chamber of Commerce                          | 59-0258435 | 0.46% |
| 1095 | Flower Mound Chamber of Commerce                              | 75-1929235 | 0.22% |
| 1097 | Bellevue Chamber of Commerce                                  | 91-0533602 | 0.18% |
| 1098 | Bonita Springs Area Chamber of Commerce                       | 59-1694019 | 0.11% |
| 1099 | Glendale Chamber of Commerce                                  | 86-0093492 | 0.14% |
| 1100 | Ames Chamber of Commerce and Economic Development             | 42-0623975 | 0.53% |
| 1101 | East Parker County Chamber of Commerce                        | 75-2666491 | 0.04% |
| 1103 | North Myrtle Beach Chamber of Commerce                        | 57-1083402 | 0.15% |
| 1104 | Jackson Area Manufacturers Association                        | 38-2073593 | 0.11% |
| 1105 | St. Petersburg Area Chamber of Commerce                       | 59-1493839 | 0.29% |
| 1106 | Racine Area Manufacturers and Commerce, Inc.                  | 39-1403335 | 0.39% |
| 1107 | Fayetteville Cumberland Economic Development Corporation      | 81-0801545 | 0.05% |
| 1108 | The Reno Sparks Chamber of Commerce                           | 88-0041905 | 0.10% |
| 1109 | Greater Reading Chamber and Economic Development Corporation  | 81-4279395 | 0.79% |
| 1110 | Siesta Key Chamber of Commerce                                | 59-2798966 | 0.08% |
| 1111 | North Texas GLBT Chamber of Commerce                          | 20-1841881 | 0.03% |
| 1112 | Greater Des Moines Partnership                                | 42-1489668 | 2.66% |
| 1113 | Russellville Area Chamber of Commerce                         | 71-1129638 | 0.07% |
| 1114 | Lakeshore Advantage                                           | 06-1708014 | 0.53% |
| 1115 | Greater Irvine Chamber of Commerce                            | 95-3433541 | 0.39% |
| 1116 | Orlando Economic Partnership                                  | 59-1767933 | 2.15% |
| 1117 | D.C. Chamber of Commerce                                      | 47-5511432 | 0.16% |
| 1118 | Greater Irving-Las Colinas Chamber of Commerce                | 75-0679582 | 0.75% |
| 1119 | Downtown Boston Business Improvement District Corporation     | 27-3596446 | 0.48% |
| 1120 | Growth Alliance for Greater Evansville                        | 35-1798568 | 0.20% |
| 1121 | Albany Convention and Visitors Bureau                         | 82-5502373 | 0.06% |
| 1122 | Southwest Alabama Workforce Development Council               | 26-2638504 | 0.09% |
| 1123 | Keene Chamber of Commerce                                     | 02-0214564 | 0.07% |
| 261  | Lake City-Columbia County Chamber                             | 59-0323804 | 0.04% |
| 1124 | Lake County IN Economic Alliance                              | 35-1598214 | 0.07% |
| 1126 | Greater Leander Chamber of Commerce and Visitor Center        | 74-2561194 | 0.09% |
| 1127 | Thrive Regional Partnership                                   | 81-4427391 | 0.15% |

|      |                                                          |            |       |
|------|----------------------------------------------------------|------------|-------|
| 1128 | Georgetown Hertiage                                      | 30-0830983 | 0.13% |
| 1129 | Mason Deerfield Chamber of Commerce                      | 31-1013854 | 0.03% |
| 1130 | South Lake Chamber of Commerce                           | 59-0573859 | 0.04% |
| 1131 | Haywood Chamber of Commerce Economic Development Council | 56-0992298 | 0.03% |
| 1133 | St. Louis Regional Economic Development Alliance         | 35-2652316 | 0.70% |
| 1136 | One Southcoast Chamber                                   | 84-3311136 | 0.19% |
| 984  | Melbourne Regional Chamber of East Central Florida, Inc. | 59-1166430 | 0.09% |
| 1132 | Sioux Falls Area Chamber of Commerce                     | 46-0189300 | 1.32% |
| 1135 | Palo Alto Chamber of Commerce and Visitors Center        | 94-0750244 | 0.02% |
| 1139 | Murrieta/Wildomar Chamber of Commerce                    | 95-6111677 | 0.08% |
| 1140 | Unite-LA                                                 | 82-0576380 | 1.22% |
| 1141 | Cordova Chamber of Commerce                              | 92-0006314 | 0.02% |
| 1143 | Barren County Economic Authority                         | 61-1064852 | 0.07% |
| 1144 | Amarillo Convention and Visitors Bureau                  | 85-3052934 | 0.02% |

100.00%