

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ACCE BENEFIT TRUST PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1985</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>54-6487038</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>800-394-2223</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1985</u>		2b Employer Identification Number (EIN) <u>54-6487038</u>		2c Plan Sponsor's telephone number <u>800-394-2223</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1985</u>											
2b Employer Identification Number (EIN) <u>54-6487038</u>											
2c Plan Sponsor's telephone number <u>800-394-2223</u>											
2d Business code (see instructions) <u>813000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ACCE BENEFIT TRUST</u> <u>1330 BRADDOCK PLACE</u> <u>SUITE 300</u> <u>ALEXANDRIA, VA 22314</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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2022	STACEY BRESLIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	4688
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2976
a(2) Total number of active participants at the end of the plan year		6a(2)	2848
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	1632
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4481
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	8
f Total. Add lines 6d and 6e		6f	4489
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	4325
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	170
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan 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 ACCE BENEFIT TRUST	D Employer Identification Number (EIN) 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.
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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	4489	01/01/2021	12/31/2021

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) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	190869
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	102939703

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

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

b Balance at the end of the previous year **7b** 85744

c	Additions: (1) Contributions deposited during the year	7c(1)	9503	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)	155055	

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 164558

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 250302

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	-339
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below).....	7e(4)	

▶ 0

(5) Total deductions **7e(5)** -339

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 250641

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan 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 ACCE BENEFIT TRUST	D Employer Identification Number (EIN) 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.
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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	4489	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	40383634
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c	Additions: (1) Contributions deposited during the year	7c(1)	521555	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	607998	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	1803089	

▶ LOAN PMTS, INVESTMENT TRANSFERS, MISCELLANEOUS,
FORFEITED AMOUNT, EARNINGS ALLOCATED

(6) Total additions	7c(6)	2932642
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	43316276
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6346503	
	(2) Administration charge made by carrier.....	7e(2)	129559	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	572789	

▶ PLAN TRANSFERS, EARNINGS ADJUSTMENT, 401(K)/(M)
REFUNDS, NEW LOANS.

(5) Total deductions	7e(5)	7048851
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	36267425
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 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 ACCE BENEFIT TRUST	D Employer Identification Number (EIN) 54-6487038	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

ARTHUR J. GALLAGHER RISK MANG. SERV

36-2102482

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99	OTHER SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	39408	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MGMT LLC

36-4317381

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	2064284	Yes ☒ No ☐	Yes ☒ No ☐	14856	Yes ☐ No ☒

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)

BKD, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 99	ACCOUNTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	73250	Yes ☐ No ☒

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

FRINGE BENEFITS, INC

52-0895753

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 99	CONTRACT ADMINISTRATOR	0	Yes ☒ No ☐	Yes ☐ No ☒	445976	Yes ☐ No ☒

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

GROOM LAW GROUP, CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 99	LEGAL	0	Yes ☒ No ☐	Yes ☐ No ☒	37713	Yes ☐ No ☒

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)

HR INVESTMENT CONSULTANTS INC

52-1662003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 99	CONSULTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	41280	Yes ☐ No ☒

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

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARTHUR J. GALLAGHER RISK MANG. SERV	49 99	39408
(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 42-0127290	OTHER SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 42-0127290	14 BASIS POINTS ON ASSETS MANAGED BY MORNINGSTAR INVESTMENT MGMT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	14856
(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 42-0127290	CONTRACT ADMINISTRATOR	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BKD, LLP	10 99	73250

(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 42-0127290	ACCOUNTANT (INCLUDING AUDIT)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FRINGE BENEFITS, INC	13 99	445976

(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 42-0127290	CONTRACT ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GROOM LAW GROUP, CHARTERED	29 99	37713

(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 42-0127290	LEGAL

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HR INVESTMENT CONSULTANTS INC	16 99	41280
(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 42-0127290	CONSULTING (GENERAL)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (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 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN GLBL EMERG MARKETS SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-013</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3693254</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP GROWTH SEP ACCT-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-021</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16299487</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL U.S. PROPERTY SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1350177</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN DIVERSIFIED INTL SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-015</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14173221</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29282288</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN MIDCAP VALUE I SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-043</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2827764</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN SMCAP S&P 600 INDEX SA-Z</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9887107</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		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5475669
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		
c EIN-PN 42-0127290-070	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5537912
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		
c EIN-PN 42-0127290-096	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5173557
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		
c EIN-PN 26-6447574-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6506697
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		
c EIN-PN 26-6447574-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1268267
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		
c EIN-PN 26-6447574-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26126590
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		
c EIN-PN 26-6447574-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10929570
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		
c EIN-PN 26-6447574-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69208927
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		
c EIN-PN 26-6447574-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9080992
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		
c EIN-PN 26-6447574-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61067326

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HB 2045 CIT X

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

c EIN-PN 26-6447574-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7935473
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2050 CIT X

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

c EIN-PN 26-6447574-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36787315
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2055 CIT X

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

c EIN-PN 26-6447574-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7053563
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY INC CIT X

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

c EIN-PN 26-6447574-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4279814
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE FIX INC SEP ACCT-Z

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

c EIN-PN 42-0127290-118	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9239268
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2060 CIT X

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

c EIN-PN 26-6447574-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8551650
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HY 2065 CIT X

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

c EIN-PN 26-6447574-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 705926
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 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 ACCE BENEFIT TRUST	D Employer Identification Number (EIN) 54-6487038	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	343976	125478
(2) Participant contributions.....	1b(2)	128286	137351
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2877414	2308985
(9) Value of interest in common/collective trusts.....	1c(9)	228145879	249502110
(10) Value of interest in pooled separate accounts	1c(10)	94541302	102939703
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	55192420	58059365
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	40452396	36458294
(15) Other.....	1c(15)	4300797	5169702

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	425982470	454700988

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	425982470	454700988
---	-----------	-----------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	11733730	
(B) Participants	2a(1)(B)	17253423	
(C) Others (including rollovers).....	2a(1)(C)	1982334	
(2) Noncash contributions.....	2a(2)		30969487
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		745715
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	137874	
(F) Other	2b(1)(F)	607841	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		745715
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		526038
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	526038	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		526038
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		32332350
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		15794198
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		11211666
c Other income.....	2c		1532272
d Total income. Add all income amounts in column (b) and enter total.....	2d		93111726
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	58464636	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	924	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		58465560
f Corrective distributions (see instructions).....	2f		77955
g Certain deemed distributions of participant loans (see instructions).....	2g		25354
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2065520	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2065520
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		60634389
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		32477337
l Transfers of assets:			
(1) To this plan.....	2l(1)		640413
(2) From this plan.....	2l(2)		4399232

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: **FORVIS, 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		1832651

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ALCOTT HR GROUP 401(K) PLAN	26-1638437	001
GREATER MINNEAPOLIS CHAMBER OF COMMERCE 401K PLAN	41-0414520	001
LUBBOCK CHAMBER OF COMMERCE 401(K) PLAN	75-0403180	003
LUFKIN/ANGELINA COUNTY CHAMBER OF COMMERCE 401(K) PLAN	75-0404345	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 _____.

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MIDLAND CHAMBER OF COMMERCE	75-0436936	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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan 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 ACCE BENEFIT TRUST	D Employer Identification Number (EIN) 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): 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)?	☐ Yes	☐ No	☐ N/A
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 _____ 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?	☐ Yes	☐ No	☐ 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?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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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.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ 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.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

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, 2021 and 2020

ACCE Benefit Trust Profit Sharing Plan

December 31, 2021 and 2020

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Independent Auditor's Report

The Trustees
ACCE Benefit Trust Profit Sharing Plan
Alexandria, Virginia

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of ACCE Benefit Trust Profit Sharing Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of ACCE Benefit Trust Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ACCE Benefit Trust Profit Sharing Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ACCE Benefit Trust Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about ACCE Benefit Trust Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of ACCE Benefit Trust Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

FORVIS,LLP

Springfield, Missouri
September 14, 2022

Federal Employer Identification Number: 44-0160260

ACCE Benefit Trust Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

Assets

	2021	2020
Investments		
At fair value	\$ 415,861,749	\$ 382,249,160
At contract value	<u>36,267,425</u>	<u>40,383,634</u>
Total investments	<u>452,129,174</u>	<u>422,632,794</u>
Receivables		
Employers' contributions	125,478	343,976
Participants' contributions	137,351	128,286
Notes receivable from participants	<u>2,383,435</u>	<u>2,926,510</u>
Total receivables	<u>2,646,264</u>	<u>3,398,772</u>
Net Assets Available for Benefits	<u><u>\$ 454,775,438</u></u>	<u><u>\$ 426,031,566</u></u>

ACCE Benefit Trust Profit Sharing Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investment Income		
Net appreciation in fair value of investments	\$ 60,841,072	\$ 56,946,505
Interest and dividends	<u>1,163,293</u>	<u>1,403,563</u>
Net investment income	<u>62,004,365</u>	<u>58,350,068</u>
Interest Income on Notes Receivable from Participants	<u>137,874</u>	<u>180,256</u>
Contributions		
Participants	17,253,423	16,526,866
Employers	11,733,730	11,773,707
Rollovers	<u>1,982,334</u>	<u>2,929,088</u>
Total contributions	<u>30,969,487</u>	<u>31,229,661</u>
Total additions	<u>93,111,726</u>	<u>89,759,985</u>
Deductions		
Benefits paid directly to participants	58,543,515	38,127,179
Administrative expenses	<u>2,065,520</u>	<u>1,737,719</u>
Total deductions	<u>60,609,035</u>	<u>39,864,898</u>
Net Increase Before Transfers	<u>32,502,691</u>	<u>49,895,087</u>
Transfers		
Transfers from other plans	640,413	3,281,688
Transfers to other plans	<u>(4,399,232)</u>	<u>(2,133,657)</u>
Net transfers	<u>(3,758,819)</u>	<u>1,148,031</u>
Net Increase	28,743,872	51,043,118
Net Assets Available for Benefits, Beginning of Year	<u>426,031,566</u>	<u>374,988,448</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 454,775,438</u></u>	<u><u>\$ 426,031,566</u></u>

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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.

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.

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.

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.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 vested 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 for 2020.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$161,679 and \$195,345, respectively. Also, in 2021 and 2020, employer contributions were reduced by \$782,421 and \$598,590, respectively, from forfeited nonvested accounts. In 2021 and 2020, \$1,279 and \$1,971 from forfeited nonvested accounts were applied toward plan administrative expenses, respectively.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 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 applied to qualified participants' loan payments due between March 27, 2020, and December 31, 2020. Following the suspension period, these loans were 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.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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.

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 was 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, participant distribution requests subject to withdrawal limitations amounted to \$217,380. Effective July 15, 2021, these restrictions were lifted and standard processing of all withdrawal and transfer requests resumed.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 \$1,026,230 and \$864,200 during 2021 and 2020, respectively. Administrative expenses of \$659,515 and \$674,979 were paid from the account during 2021 and 2020, 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. During 2021, Principal Life returned \$624,000 unspent account balance to the Plan. This amount was reallocated proportionately to participants and is included in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

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 ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Trust, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules 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, 2021 and 2020.
- 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, 2021 and 2020.
- Investment information and note receivable from participants included in the accompanying schedule of assets (held at year-end) as of December 31, 2021.

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

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 direct administrative expenses of \$2,064,284 and \$1,736,518 to Principal Life Insurance Company (Principal Life), the Plan's contract administrator, during 2021 and 2020, respectively. Of the funds paid to Principal Life during 2021 and 2020, \$1,026,230 and \$864,200, 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.

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, 2021 and 2020:

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

	Fair Value	2021 Fair Value Measurements Using		
		Level 1	Level 2	Level 3
Mutual funds	\$ 58,059,365	\$ 58,059,365	\$ -	\$ -
Pooled separate accounts	102,939,703	-	102,939,703	-
Collective investment trust funds	249,502,110	-	249,502,110	-
Self-directed brokerage accounts	5,169,702	5,169,702	-	-
Guaranteed income contract	190,869	-	-	190,869
Total assets in the fair value hierarchy	<u>\$ 415,861,749</u>	<u>\$ 63,229,067</u>	<u>\$ 352,441,813</u>	<u>\$ 190,869</u>

	Fair Value	2020 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 income 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>

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, 2021 and 2020. 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. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

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.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 income contract. See *Note 2* for definitions of the inputs utilized to determine fair value. See the table below for inputs and valuation techniques used for Level 3 securities.

Level 3 Activity

During 2021 and 2020, purchases of the guaranteed income contract were \$166,495 and \$141,107, respectively. There have been no transfers into or out of Level 3 investments during the years ended December 31, 2021 and 2020.

Unobservable (Level 3) Inputs

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2021 and 2020:

	Fair Value at December 31, 2021	Valuation Technique	Unobservable Inputs
Guaranteed income contract	\$ 190,869	Discounted Cash Flow	Annuity purchase rates
	Fair Value at December 31, 2020	Valuation Technique	Unobservable Inputs
Guaranteed income contract	\$ 68,762	Discounted Cash Flow	Annuity purchase rates

Note 6: Investment Contract with Insurance Company

The Plan has a fully benefit-responsive investment contract with Principal Life Insurance Company (Principal Life). Principal Life 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.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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 Principal Life, 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.

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, 2021 and 2020, to Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	\$ 454,775,438	\$ 426,031,566
Loans deemed distributed per Form 5500	(74,450)	(49,096)
Net assets available for benefits per Form 5500	<u>\$ 454,700,988</u>	<u>\$ 425,982,470</u>

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2021 and 2020, to Form 5500:

	2021	2020
Benefits paid to participants per the financial statements	\$ 58,543,515	\$ 38,127,179
Changes in loans deemed distributed per Form 5500	25,354	-
Excess contributions payable in prior year	-	55,121
Benefits paid to participants per Form 5500	<u>\$ 58,568,869</u>	<u>\$ 38,182,300</u>

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, 2021, the Plan had reportable delinquent remittances of \$1,308,452, \$503,180, and \$21,018 attributable to 2021, 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, affected participants would become 100 percent vested in their employer contributions.

Note 10: Tax Status

The IRS 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.

ACCE Benefit Trust Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

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.

Note 12: Subsequent Events

Subsequent events have been evaluated through September 14, 2022, which is the date the financial statements were available to be issued.

Plan Amendment

Effective January 1, 2022, the limit on automatic escalation was amended to increase from 10 percent to 15 percent.

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, 2021

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Repayments are included [X]	Plan Year	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 21,019	2019	\$ 20,535	\$ 484	\$ -	\$ -
503,180	2020	124,285	378,895	-	-
1,308,452	2021	1,328	1,307,124	-	-
<u>\$ 1,832,651</u>		<u>\$ 146,148</u>	<u>\$ 1,686,503</u>	<u>\$ -</u>	<u>\$ -</u>

2019 Delinquent Participant Contributions: Lost earnings were remitted and Forms 5330 were filed in 2021 and 2022, with applicable excise taxes paid by the related participating chambers.

2020 Delinquent Participant Contributions: Lost earnings were remitted and Forms 5330 were filed in 2021 and 2022, with applicable excise taxes paid by the related participating chambers.

2021 Delinquent Participant Contributions: Lost earnings were remitted and Forms 5330 were filed in 2021 and 2022, 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, 2021

Identity of Issuer	Description of Investment	Current Value
Pooled Separate Accounts		
* The Principal Life Insurance Co.	Principal Core Fixed Income Separate Account	\$ 9,239,268
* The Principal Life Insurance Co.	Principal U.S. Property Sep Acct	1,350,177
* The Principal Life Insurance Co.	Principal LargeCap S&P 500 Index Sep Acct	29,282,288
* The Principal Life Insurance Co.	Principal SmallCap Growth I Sep Acct	5,537,912
* The Principal Life Insurance Co.	Principal MidCap Growth Sep Acct	16,299,487
* The Principal Life Insurance Co.	Principal SmallCap Value II Sep Acct	5,173,557
* The Principal Life Insurance Co.	Principal Mid-Cap S&P 400 Index Sep Acct	5,475,669
* The Principal Life Insurance Co.	Principal Small-Cap S&P 600 Index Sep Acct	9,887,106
* The Principal Life Insurance Co.	Principal Mid-Cap Value I Sep Acct	2,827,764
* The Principal Life Insurance Co.	Principal Diversified International Sep Acct	14,173,221
* The Principal Life Insurance Co.	Principal International Emerging Markets Sep Acct	3,693,254
Total pooled separate accounts		102,939,703
Collective Investment Trust Funds		
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid Income CIT	4,279,814
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2010 CIT	6,506,697
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2015 CIT	1,268,267
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2020 CIT	26,126,590
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2025 CIT	10,929,570
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2030 CIT	69,208,927
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2035 CIT	9,080,992
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2040 CIT	61,067,326
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2045 CIT	7,935,473
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2050 CIT	36,787,315
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2055 CIT	7,053,563
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2060 CIT	8,551,650
* Principal Global Investors Trust Co.	Principal LifeTime Hybrid 2065 CIT	705,926
Total collective investment trust funds		249,502,110

* 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, 2021

Identity of Issuer	Description of Investment	Current Value
Mutual Funds		
American Funds Distributors, Inc.	American Funds Growth Fund of America R6	\$ 34,116,597
American Funds Distributors, Inc.	American Funds Washington Mutual Investors R6	<u>23,942,768</u>
Total mutual funds		<u>58,059,365</u>
Self-Directed Brokerage Accounts		
Self Directed Brokerage Accounts	Individually Directed Accounts	<u>5,169,702</u>
Investment Contracts		
* The Principal Life Insurance Co.	Principal Fixed Income Guaranteed Option	36,267,425
* The Principal Life Insurance Co.	Principal Pension Builder (SM) Z	<u>190,869</u>
Total investment contracts		<u>36,458,294</u>
Notes Receivable from Participants		
* Participant loans	Loans with interest rates from 4.25% to 10.50%	<u>2,308,985</u>
		<u>\$ 454,438,159</u>

* 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 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R6 Fund	\$ 0.00	\$ 34,116,597.46
	The American Funds	Registered Investment Company American Fds WshMut Inv R6 Fd	\$ 0.00	\$ 23,942,767.60
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Core Fix Inc Sep Acct-Z	\$ 0.00	\$ 9,239,267.61
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-Z	\$ 0.00	\$ 14,173,220.78
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 0.00	\$ 36,267,425.32
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Gbl Emerg Markets SA-Z	\$ 0.00	\$ 3,693,254.34
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCp S&P 500 Index SA-Z	\$ 0.00	\$ 29,282,287.82
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy Inc CIT X	\$ 0.00	\$ 4,279,813.64
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2050 CIT X	\$ 0.00	\$ 36,787,314.85
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2055 CIT X	\$ 0.00	\$ 7,053,562.93
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2060 CIT X	\$ 0.00	\$ 8,551,650.29
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hy 2065 CIT X	\$ 0.00	\$ 705,925.85
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2010 CIT X	\$ 0.00	\$ 6,506,697.13
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2015 CIT X	\$ 0.00	\$ 1,268,266.89
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2020 CIT X	\$ 0.00	\$ 26,126,590.37

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 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2025 CIT X	\$ 0.00	\$ 10,929,570.00
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime Hyb 2030 CIT X	\$ 0.00	\$ 69,208,926.86
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2035 CIT X	\$ 0.00	\$ 9,080,992.10
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2040 CIT X	\$ 0.00	\$ 61,067,326.41
*	Principal Global Investors Trust Co	Common/Collective Trust Prin LifeTime HB 2045 CIT X	\$ 0.00	\$ 7,935,473.03
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Growth Sep Acct-Z	\$ 0.00	\$ 16,299,486.65
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-Z	\$ 0.00	\$ 5,475,669.14
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-Z	\$ 0.00	\$ 2,827,764.22
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SInCap Growth I Sep Acct-Z	\$ 0.00	\$ 5,537,911.79
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SInCap S&P 600 Index SA-Z	\$ 0.00	\$ 9,887,106.63
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SInCap Value II Sep Acct-Z	\$ 0.00	\$ 5,173,557.03
*	Principal Life Insurance Company	Insurance Company General Principal Pension Builder(SM)Z	\$ 0.00	\$ 190,869.00
	Principal Life Insurance Company	Brokerage Account Principal Self-Dir Broker Acct	\$ 0.00	\$ 5,169,701.79
*	Principal Life Insurance Company	Pooled Separate Accounts Principal U.S. Property SA-Z	\$ 0.00	\$ 1,350,176.62
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 10.50%	\$ 0.00	\$ 2,308,985.00

Multiple Employer Plan Participating Employer Information

	Participating Employer	EIN	Percent of Total Contributions	Aggregate Account Balances at End of Year Attributable to Participating Employer
3	Taunton Area Chamber of Commerce	04-2016133	0.03%	\$ 272,419.22
17	East Mississippi Business Development Corporation	64-0811158	0.23%	\$ 546,700.83
39	Lynchburg Regional Business Alliance	54-0165020	0.40%	\$ 1,812,018.12
46	Texarkana Chamber of Commerce	75-0694083	0.09%	\$ 155,805.99
77	Richland Area Chamber of Commerce	34-0375840	0.18%	\$ 408,656.68
78	Merrimack Valley Chamber of Commerce	04-1527920	0.24%	\$ 1,496,922.04
123	Berkshire Strategic Alliance	04-1731190	0.17%	\$ 354,197.51
158	Salinas Valley Chamber of Commerce	94-0832000	0.06%	\$ 305,012.12
181	Lancaster County Chamber of Commerce	57-0296358	0.02%	\$ 232,715.66
184	Blair County Chamber of Commerce	23-0340330	0.11%	\$ 939,214.74
190	Cape Ann Chamber of Commerce	04-1371800	0.14%	\$ 212,390.27
191	Long Beach Area Chamber of Commerce	95-0944550	0.22%	\$ 547,110.77
203	Westmoreland Chamber of Commerce	25-0523468	0.12%	\$ 523,926.88
208	Hot Springs Chamber of Commerce	71-0089940	0.28%	\$ 1,352,295.24
219	Jefferson City Area Chamber of Commerce	44-0299950	0.15%	\$ 1,726,572.63
221	Bay County Chamber of Commerce	59-0391375	0.11%	\$ 1,132,862.47
231	Chamber of Commerce Serving Middletown, Monroe and Trenton	31-0506556	0.07%	\$ 465,197.87
239	Kingsport Chamber Foundation, Inc.	62-0446834	0.65%	\$ 2,506,824.91
261	Lake City-Columbia County Chamber	59-0323804	0.03%	\$ 119,543.67
265	Santa Rosa Chamber of Commerce	94-0842470	0.24%	\$ 1,070,045.69
284	Hagerstown-Washington County Chamber of Commerce	52-0341110	0.13%	\$ 652,439.45
291	Rocky Mount Area Chamber of Commerce	56-0380635	0.12%	\$ 442,127.04
322	Douglas-Coffee County Chamber of Commerce	58-0519513	0.11%	\$ 250,459.11
356	North Shore Chamber of Commerce	04-1087160	0.18%	\$ 464,990.35
360	Michigan City Area Chamber of Commerce	35-0512630	0.03%	\$ 100,663.22
363	Bessemer Area Chamber of Commerce	63-0020120	0.00%	\$ 81,574.96
391	Newnan-Coweta Chamber of Commerce	58-0532006	0.21%	\$ 390,654.05
392	San Marcos Chamber of Commerce	74-0880672	0.05%	\$ 445,531.48
402	Hampton Roads Chamber of Commerce	54-1252997	1.05%	\$ 4,533,640.39
447	Montgomery County Chamber	14-0470600	0.00%	\$ 26,029.05
469	The Cabarrus Regional Chamber	56-0285120	0.00%	\$ 155,419.37
473	Miami Valley Research Foundation	31-0996772	0.12%	\$ 895,251.20
484	Dallas Regional Chamber	75-0223440	1.89%	\$ 8,890,748.16
493	Glendale Chamber of Commerce	95-0775310	0.00%	\$ 12,191.71
496	Huntsville Walker Chamber of Commerce	74-0702260	0.08%	\$ 358,920.30
499	St. Cloud Area Chamber of Commerce	41-0517417	0.36%	\$ 2,691,560.19
507	Toombs County Chamber of Commerce	58-1756732	0.05%	\$ 328,202.31
535	Greater Conroe/Lake Conroe Area Chamber of Commerce	74-0792440	0.04%	\$ 35,993.25
538	San Angelo Chamber of Commerce	07-5600242	0.14%	\$ 957,065.09
600	Dothan - Houston Chamber of Commerce	63-0060872	0.32%	\$ 2,886,725.88
603	Cleveland/Bradley Chamber of Commerce	62-0162970	0.27%	\$ 1,266,327.27
604	Chapel Hill - Carrboro Chamber of Commerce	56-0798467	0.20%	\$ 779,882.17
605	Tuscarawas Chamber of Commerce	34-0697699	0.04%	\$ 194,289.24
607	Newark Regional Business Partnership	22-1644616	0.30%	\$ 3,422,326.58
611	Hartford Chamber of Commerce	06-0383300	1.19%	\$ 6,529,619.56
620	Association of Chamber of Commerce Executives	52-1022025	1.37%	\$ 5,487,856.56
622	Greater Raleigh Chamber of Commerce	56-0370850	1.56%	\$ 6,312,811.42
625	Greater Waterbury Chamber of Commerce	06-0289787	0.15%	\$ 618,409.81

627	Medford/Jackson County Chamber of Commerce	93-0197580	0.11%	\$	1,054,400.29
628	Business Council of Fairfield County Connecticut, Inc.	06-0865939	0.00%	\$	2,485,598.38
632	Manatee Chamber of Commerce, Inc.	59-0979413	0.36%	\$	2,366,317.47
636	Hilton Head Island-Bluffton Chamber of Commerce	57-0375569	0.71%	\$	4,959,935.02
637	Daytona Regional Chamber of Commerce	59-0215990	0.20%	\$	891,327.50
638	Champaign County Chamber of Commerce	37-1269310	0.15%	\$	880,118.67
639	Walnut Creek Chamber of Commerce	94-1108767	0.26%	\$	2,262,487.12
640	Burlington/West Burlington Area Chamber of Commerce	42-0161630	0.30%	\$	892,257.66
642	Louisiana Association of Business & Ind (LABI)	72-0780313	0.48%	\$	3,233,037.86
643	Greater Austin Chamber of Commerce	74-0492475	1.29%	\$	5,590,656.97
645	Greater Louisville, Inc.	61-0434089	0.82%	\$	3,505,076.55
646	Charleston Regional Development Alliance	57-1015804	0.86%	\$	4,844,840.27
647	Baton Rouge Area Chamber	72-0126959	1.09%	\$	4,932,477.42
648	Orange County Business Council	23-7084107	0.55%	\$	2,688,603.35
649	Greater New Haven Chamber of Commerce	06-0468900	0.39%	\$	1,419,271.99
651	Abilene Chamber of Commerce	75-0101260	0.76%	\$	6,120,013.31
653	San Jose Silicon Valley Chamber of Commerce	94-1659396	0.28%	\$	2,719,731.39
654	Alexandria Chamber of Commerce	54-0119410	0.14%	\$	423,927.55
655	Richmond Metropolitan Convention and Visitors Bureau	54-1249192	1.88%	\$	9,501,924.67
658	Steamboat Springs Chamber Resort Association, Inc.	84-0394242	0.18%	\$	582,795.37
659	Greater Phoenix Chamber of Commerce	86-0046963	1.04%	\$	3,055,309.68
663	Alexandria Economic Development Partnership	54-1625093	0.84%	\$	3,591,938.71
668	Orangeburg County Chamber of Commerce	57-0219387	0.00%	\$	2,030.02
670	Marshfield Area Chamber of Commerce and Industry	39-1570585	0.12%	\$	556,365.91
671	Greater Jackson Chamber Partnership	64-0180340	0.12%	\$	455,807.42
672	Findlay - Hancock County Chamber of Commerce	34-4232400	0.24%	\$	1,241,880.31
673	Rockford Chamber of Commerce	36-1695170	0.38%	\$	2,576,514.85
674	Rockford Area Economic Development Council	36-3055858	0.26%	\$	1,218,856.37
675	Santa Clara Chamber of Commerce	94-0675790	0.05%	\$	7,353,049.11
676	Greater Binghamton Chamber of Commerce	15-0245930	0.26%	\$	1,997,401.79
677	Joplin Area Chamber of Commerce	44-0304705	0.37%	\$	1,194,995.82
679	Kentucky Chamber of Commerce	61-0405718	1.50%	\$	5,100,732.65
681	Greater Providence Chamber of Commerce	05-0203250	0.48%	\$	4,946,572.38
682	El Centro Chamber of Commerce and Visitors Bureau	95-0706200	0.04%	\$	1,136,655.29
683	North Central Massachusetts Chamber of Commerce	22-2505324	0.30%	\$	1,932,503.32
684	Naperville Area Chamber of Commerce	36-2481341	0.00%	\$	93,587.76
685	Grand Rapids Area Chamber of Commerce	38-0592500	0.80%	\$	3,140,399.09
686	Greater Scranton Chamber of Commerce	24-0716460	0.57%	\$	4,251,952.01
691	Muncie - Delaware County Chamber of Commerce	35-0534380	0.11%	\$	560,970.39
692	Delaware Advancement Corporation	31-1111841	0.48%	\$	2,262,836.90
694	Rowan County Chamber of Commerce	56-0387470	0.09%	\$	586,780.40
696	MetroWest Chamber of Commerce	04-1339795	0.06%	\$	99,586.93
697	McAllen Chamber of Commerce	74-0771990	0.46%	\$	964,051.32
699	Jacksonville and The Beaches Convention and Visitors Bureau	59-3281720	0.40%	\$	2,305,481.94
700	Greater Durham Chamber of Commerce	56-0207530	0.18%	\$	1,907,477.60
701	Brownsville Chamber of Commerce	74-0530305	0.01%	\$	125,077.35
702	Clear Lake Area Chamber of Commerce	74-1473007	0.16%	\$	1,547,863.42
708	Conyers-Rockdale County Chamber of Commerce	58-1092699	0.00%	\$	107,524.71
709	Greater Johnstown Chamber of Commerce	25-0578985	0.19%	\$	892,513.35
712	Eau Claire Area Chamber of Commerce	39-0255585	0.33%	\$	683,530.08
715	Southeast Tourism Society	58-1557360	0.15%	\$	396,525.08
716	Washtenaw County Convention & Visitors Bureau	38-3088359	0.47%	\$	2,553,590.69
718	Lubbock Chamber of Commerce, Inc.	75-0403180	0.22%	\$	-
720	Kalamazoo Regional Chamber	38-0703370	0.00%	\$	832,135.78
721	Oak Ridge Chamber of Commerce	62-0572006	0.07%	\$	1,009,382.96

722	Tacoma - Pierce County Chamber	91-0434830	0.37%	\$	919,051.53
725	El Dorado Chamber of Commerce	71-0029610	0.06%	\$	548,583.12
726	Greater Killeen Chamber of Commerce	74-1108561	0.33%	\$	700,208.84
727	Greater Rochester Chamber of Commerce	02-0185370	0.05%	\$	132,528.75
728	Morgan County Economic Development Association	63-0577301	0.14%	\$	1,103,404.20
733	Commerce and Industry Association New Jersey	22-0766160	0.14%	\$	701,005.41
735	Grand Island Area Chamber of Commerce	47-0387580	0.10%	\$	761,413.92
736	Wellesley Chamber of Commerce	04-2425557	0.00%	\$	523.34
740	Greater Battle Creek/Calhan County Visitors and Convention Bureau	38-3212005	0.19%	\$	421,911.65
741	Ann Arbor/Ypsilanti Regional Chamber	38-0303680	0.07%	\$	862,257.07
744	Angelina County Chamber of Commerce	75-0404345	0.20%	\$	-
747	Scottsdale Chamber of Commerce	86-0113143	0.12%	\$	242,003.44
748	Emporia Area Chamber of Commerce	48-0209380	0.05%	\$	801,021.56
749	Greater Tampa Chamber of Commerce	59-0474960	0.65%	\$	2,951,171.79
750	Albany Area Chamber of Commerce	58-0134930	0.14%	\$	835,336.67
751	American - Israel Chamber of Commerce	58-1975268	0.01%	\$	56,251.47
752	Greater Boca Raton Chamber of Commerce	59-0667561	0.23%	\$	1,180,639.52
753	Bartlesville Chamber of Commerce	73-0141220	0.32%	\$	1,037,478.49
759	Little Rock Regional Chamber of Commerce	71-0108510	0.61%	\$	2,851,708.65
761	The Carolinas Gateway Partnership	56-1931327	0.15%	\$	768,286.24
765	Starkville Area Chamber of Commerce	64-0789906	0.07%	\$	128,821.91
766	American Lighting Association	36-6069583	0.68%	\$	5,101,826.25
771	Greater Greer Chamber of Commerce	57-0174128	0.12%	\$	397,761.98
772	Greater Washington Board of Trade	53-0162570	0.69%	\$	3,098,416.24
773	Dubuque Area Chamber of Commerce	42-0223700	0.14%	\$	482,170.16
774	Columbia County Chamber of Commerce	14-1599033	0.03%	\$	163,366.49
777	Clarksville Montgomery County Economic Development Council	62-1588013	0.61%	\$	2,184,177.06
780	Greater Topeka Partnership	48-4581270	1.06%	\$	3,342,517.31
783	Eastern Shore Chamber of Commerce	63-0315293	0.09%	\$	188,981.90
784	Metro South Chamber of Commerce	04-1123000	0.20%	\$	1,467,291.08
786	St. Louis Regional Chamber and Growth Association	43-0975222	0.11%	\$	3,644,286.97
789	Johnstown Area Regional Industries, Inc.	25-1254617	0.45%	\$	3,466,431.88
791	Fort Smith Chamber of Commerce	71-0029620	0.17%	\$	535,945.67
793	Boise Metro Chamber of Commerce	82-0100595	0.81%	\$	4,255,389.33
796	Greater Macon Chamber of Commerce	58-0333200	0.17%	\$	620,500.28
797	New Castle County Chamber of Commerce	51-0098307	0.22%	\$	1,088,402.08
798	Greater Manchester Chamber of Commerce	02-0161920	0.13%	\$	525,612.26
801	Independence Chamber of Commerce	44-0196827	0.10%	\$	92,818.20
803	Spartanburg Area Chamber	57-0251910	0.79%	\$	2,797,319.87
804	Enterprise Group of Jackson, Inc.	38-3326101	0.14%	\$	227,502.39
806	Salina Area Chamber of Commerce	48-0402660	0.21%	\$	1,508,058.16
807	Hudson County Chamber of Commerce & Industry	22-2262152	0.03%	\$	216,099.82
808	Northwest Indiana Forum, Inc.	35-1467924	0.12%	\$	395,458.12
811	Rockford Area Convention & Visitors Bureau	36-3342710	0.26%	\$	1,034,459.39
814	Greenwood Area Chamber of Commerce	57-0173843	0.05%	\$	110,833.74
815	River Bend Growth Association	37-1172615	0.13%	\$	432,023.60
816	Martinsburg - Berkeley County Chamber of Commerce	55-0140178	0.07%	\$	491,933.83
817	Iberville Chamber of Commerce	72-0378123	0.05%	\$	119,816.12
818	Decatur - Morgan County Chamber of Commerce	63-0039360	0.17%	\$	385,600.76
821	Decatur Convention and Visitors Bureau	63-1003684	0.07%	\$	486,668.88
823	York County Economic Alliance	45-3777710	0.75%	\$	4,004,811.47
824	Fox Cities Chamber of Commerce	39-1248133	0.41%	\$	1,168,423.29
826	Chamber of Commerce Ulster County, Inc.	14-1260937	0.12%	\$	1,254,685.80
828	Greater Atlantic City Chamber of Commerce	21-0398240	0.08%	\$	655,936.90
831	Tulsa Regional Chamber, Inc.	73-0488250	1.94%	\$	9,020,517.22

832	Springfield Area Chamber of Commerce	44-0501055	0.99%	\$	4,634,807.56
834	Greater Paterson Chamber of Commerce	22-1187770	0.00%	\$	35,598.65
835	Fort Worth Chamber of Commerce	75-0275060	0.42%	\$	2,440,117.93
836	Branson/Lakes Area Chamber of Commerce	44-0586242	0.61%	\$	1,810,527.74
838	Fond Du Lac Area Association of Commerce	39-0284470	0.33%	\$	1,028,829.56
839	Wichita Falls Board of Commerce and Industry	75-1102461	0.30%	\$	921,168.97
840	Stark Development Board	34-1476938	0.29%	\$	1,425,781.28
841	Mississippi Gulf Coast Chamber of Commerce	64-0761350	0.11%	\$	314,922.99
843	Greater Shreveport Chamber of Commerce	72-0315700	0.30%	\$	1,490,459.58
844	Chillicothe Ross Chamber of Commerce	31-4147100	0.08%	\$	98,771.65
845	Georgetown Business Improvement District, Inc.	52-2023786	0.72%	\$	2,393,670.11
849	Mansfield Richland County Convention and Visitors Bureau	34-1363767	0.08%	\$	1,612,141.17
850	Lead Brevard, Inc	59-3189067	0.05%	\$	130,672.10
851	Lawrence Chamber of Commerce	48-0305580	0.28%	\$	564,930.65
852	Iri County Area Chamber of Commerce	23-0985000	0.03%	\$	318,057.55
853	Deer Park Chamber of Commerce	74-1715237	0.07%	\$	34,506.37
854	Greater Decatur Chamber of Commerce	37-0159790	0.18%	\$	569,537.31
855	Wausau Area Chamber of Commerce	39-0690620	0.22%	\$	1,466,995.46
856	Billings Area Chamber of Commerce	81-0111570	0.44%	\$	1,609,380.55
858	Williamsburg Area Chamber of Commerce	54-0482313	0.29%	\$	994,868.77
859	The Shoals Chamber of Commerce	63-0943956	0.11%	\$	790,635.81
860	Amarillo Chamber of Commerce	75-0109485	0.27%	\$	1,972,619.00
863	Baldwin County Economic Development Alliance	63-1116390	0.14%	\$	349,169.31
864	Springfield Convention and Visitors Bureau, Inc.	43-1516178	0.62%	\$	4,116,174.04
865	Harrisburg Regional Chamber of Commerce	25-1750121	0.30%	\$	1,652,601.27
866	Michigan West Coast Chamber of Commerce	38-0655230	0.26%	\$	2,586,686.18
867	Odessa Chamber of Commerce	75-0469860	0.52%	\$	2,392,354.36
871	Greater Watertown North Country Chamber of Commerce	15-0486030	0.07%	\$	177,698.26
872	York County Convention and Visitors Bureau	23-1604176	0.21%	\$	1,409,998.69
873	Cullman County Chamber of Commerce	63-0384727	0.00%	\$	96,888.39
879	Amelia Island - Fernandina Beach - Yulee Chamber of Commerce	59-0717156	0.12%	\$	932,055.47
880	Quad Cities Chamber of Commerce, Inc.	27-3065786	0.92%	\$	2,909,520.52
881	Beaumont Chamber of Commerce	74-0504300	0.15%	\$	319,458.00
882	Economic Growth Connection of Westmoreland	25-6076647	0.22%	\$	1,010,369.83
883	Maryland Chamber of Commerce	52-1784310	0.27%	\$	1,077,100.35
884	Williamson County - Franklin Chamber	62-0531517	0.00%	\$	4,489.67
885	Staten Island Chamber of Commerce	13-5579112	0.19%	\$	987,910.09
886	The Providence Warwick Convention and Visitors Bureau	05-0487503	0.62%	\$	3,523,101.24
888	Limestone County Development Association, Inc.	63-0438905	0.06%	\$	47,246.06
889	Chattanooga Area Chamber of Commerce	62-0154480	1.46%	\$	8,087,889.23
890	Tunica County Chamber of Commerce	64-0763949	0.00%	\$	28,557.40
891	Americus - Sumter Chamber of Commerce	58-0140007	0.00%	\$	11,989.33
892	Northern Kentucky Chamber of Commerce	61-0679408	0.54%	\$	1,149,500.74
893	Overland Park Chamber of Commerce	48-0687259	0.40%	\$	2,609,886.80
895	Monroe Chamber of Commerce	72-0263750	0.13%	\$	782,840.33
896	Baytown Chamber of Commerce	74-1011101	0.12%	\$	736,682.47
898	Chandler Chamber of Commerce	86-0107200	0.08%	\$	187,961.32
904	Jefferson City Convention + Visitors Bureau Inc	43-1912680	0.00%	\$	36,026.87
905	Regional Business Council	43-1913803	0.27%	\$	1,472,440.32
906	Bowling Green Area Chamber of Commerce	61-0139152	0.27%	\$	784,526.13
908	Columbus Area Chamber of Commerce	35-0240270	0.90%	\$	3,622,718.79
911	Nacogdoches County Chamber of Commerce	75-0455970	0.04%	\$	208,807.15
912	Greater Spokane Incorporated	91-0418800	0.81%	\$	2,265,808.43
913	One Acadiana, Inc.	72-0232780	0.48%	\$	1,729,116.06
914	The United Regional Chamber of Commerce	27-0429139	0.00%	\$	891.23

915	Danville Pittsylvania County Chamber of Commerce	54-0188090	0.05%	\$	58,749.30
917	Market Street Services, Inc.	58-2332974	0.01%	\$	781,059.43
918	Los Angeles Area Chamber of Commerce	95-0947860	1.18%	\$	3,810,445.65
919	Chamber of Commerce Mountain View	94-1081934	0.00%	\$	134,674.24
921	Round Rock Chamber of Commerce	74-1983423	0.32%	\$	840,172.84
925	Greater Utica Chamber of Commerce	15-0476330	0.03%	\$	194,827.28
926	Oxford-Lafayette County Chamber of Commerce	64-0217637	0.11%	\$	719,875.46
928	Corridor Nine Area Chamber of Commerce	22-3887369	0.02%	\$	364,052.88
929	Anderson Area Chamber of Commerce	57-0115330	0.06%	\$	941,602.58
932	Regional Development Company	35-1939664	0.18%	\$	646,699.81
936	Greater Norwalk Chamber of Commerce	06-0289785	0.16%	\$	1,219,953.05
937	Northern Kentucky Regional Alliance	31-1489316	0.14%	\$	109,930.20
939	Worthington Area Chamber of Commerce	31-1037348	0.02%	\$	282,055.10
941	Holland Tulip Time Festival Inc.	38-1266660	0.06%	\$	206,122.35
942	Greater Greenville Chamber of Commerce	57-0173240	0.55%	\$	2,013,830.11
943	The Development Authority of Richmond County	52-1309430	0.25%	\$	541,065.97
944	Harrisonburg-Rockingham Chamber of Commerce	54-0241485	0.05%	\$	109,192.19
945	High Point Convention and Visitors Bureau	56-1923880	0.07%	\$	404,222.42
946	Warner Robbins Area Chamber of Commerce	58-0676713	0.08%	\$	315,161.62
949	Carroll County Economic Development Foundation, Inc.	58-2589709	0.14%	\$	227,637.06
951	Florida Chamber of Commerce	59-0248200	1.73%	\$	8,000,117.87
952	Medina Area Chamber of Commerce	34-0693547	0.07%	\$	106,249.89
956	Austin Area Chamber of Commerce	41-0133918	0.10%	\$	168,971.92
957	Cape Girardeau Area Chamber of Commerce	43-0206170	0.14%	\$	758,883.60
958	Schuylkill Chamber of Commerce	23-0985420	0.05%	\$	218,211.81
959	The Greater Bethesda Chevy Chase Chamber of Commerce	52-0545799	0.02%	\$	916.20
960	Greater Florence Chamber of Commerce	57-0125625	0.18%	\$	502,868.21
961	495/Metrowest Corridor Partnership	16-1658406	0.06%	\$	184,500.66
964	Arkansas State Chamber of Commerce	71-0006170	0.57%	\$	2,480,539.29
965	Visit Topeka	32-0176144	0.00%	\$	109,075.56
969	The Providence Foundation	23-7423032	0.20%	\$	736,504.24
970	Moore County Chamber of Commerce	56-0891756	0.06%	\$	315,580.63
971	Fort Collins Area Chamber of Commerce	84-0201983	0.26%	\$	1,659,451.34
972	Beaver County Chamber of Commerce	25-1238796	0.00%	\$	28,779.52
973	Hinds County Economic Development Authority	27-3788576	0.14%	\$	1,547,342.18
974	Holland Area Convention and Visitors Bureau	38-2642783	0.19%	\$	622,404.28
975	Frisco Chamber of Commerce	75-2149200	0.16%	\$	691,559.60
976	Downers Grove Area Chamber of Commerce and Industry	36-2207366	0.12%	\$	576,178.71
977	Pennsylvania Association of Travel and Tourism	45-4645468	0.00%	\$	128,323.75
978	Glenwood Springs Chamber Resort Association	84-0212635	0.12%	\$	566,303.44
981	Arkadelphia Regional Alliance	26-2859118	0.10%	\$	310,391.03
982	Champaign County Convention and Visitors Bureau	37-1167754	0.16%	\$	353,709.62
983	Fayetteville-Cumberland County Chamber of Commerce	80-0058724	0.04%	\$	188,150.07
984	Melbourne Regional Chamber of East Central Florida, Inc.	59-1166430	0.16%	\$	460,597.94
986	Midland Development Corporation	27-1069506	0.21%	\$	412,618.35
987	North Carolina Chamber	56-0340499	1.60%	\$	3,842,213.58
988	Sacramento Metropolitan Chamber of Commerce	94-0824600	0.38%	\$	1,230,377.44
989	West Chambers County Chamber of Commerce	76-0231451	0.07%	\$	90,358.57
991	Greater San Marcos Economic Development Corporation	80-0624502	0.26%	\$	240,821.21
992	Greater Silver Spring Chamber of Commerce	52-1813227	0.12%	\$	500,912.94
993	Sioux Falls Development Foundation	46-0243934	0.57%	\$	3,145,148.53
994	Northern Palm Beach County Chamber of Commerce	59-1001660	0.17%	\$	281,392.99
995	St. Tammany-West Chamber of Commerce	72-0573742	0.11%	\$	198,260.73
996	Broken Arrow Chamber of Commerce	73-0534499	0.20%	\$	142,476.15
997	New Orleans Chamber of Commerce	20-0553845	0.28%	\$	789,684.21

998	Leadership Florida	59-3201445	0.45%	\$	1,112,508.78
999	Economic Development Alliance of Bay County	45-4008525	0.20%	\$	428,329.26
1008	Southwest Indiana Chamber	35-0298180	0.61%	\$	4,075,274.64
1055	Metrocrest Chamber of Commerce	75-1047178	0.00%	\$	85.35
1056	Longview Chamber of Commerce	75-0400490	0.20%	\$	985,371.35
1057	Mason City Chamber of Commerce	42-0398820	0.18%	\$	1,048,257.05
1062	Northern Louisiana Economic Partnership	72-0936419	0.34%	\$	1,313,622.47
1063	Arkansans for Education Reform Foundation	20-1805180	0.22%	\$	2,040,376.87
1064	Commerce Lexington, Inc.	61-0258800	0.74%	\$	4,446,473.91
1068	Chamber of Business & Industry Centre County	25-1196048	0.18%	\$	788,364.46
1069	Greater Easley Chamber of Commerce	57-0293736	0.00%	\$	172,355.42
1070	Dubuque Area Convention and Visitors Bureau	46-3010125	0.17%	\$	625,481.29
1071	Tennessee Chamber of Commerce and Industry	62-1236022	0.28%	\$	676,994.25
1072	Fredericksburg Regional Chamber of Commerce	54-0216400	0.14%	\$	292,355.25
1074	Long Island Association	11-1617383	0.55%	\$	1,671,321.50
1076	Cape Cod Chamber of Commerce, Inc.	04-1148920	0.24%	\$	606,973.40
1078	Wayne Economic Development Council	34-1686471	0.16%	\$	268,250.25
1079	Albany Dougherty Economic Development Commission	26-2878181	0.07%	\$	173,278.79
1080	The Greater Naples Chamber of Commerce	59-0688292	0.34%	\$	740,899.39
1082	Jefferson Chamber of Commerce	72-1366389	0.14%	\$	155,323.12
1083	Wilsonville Chamber of Commerce	93-0613470	0.00%	\$	16,240.11
1085	Chesterfield County Chamber of Commerce	54-1961707	0.06%	\$	71,349.24
1086	Katy Area Economic Development Council	20-0321679	0.03%	\$	203,834.91
1087	Parker Area Chamber of Commerce	84-0721419	0.08%	\$	43,914.37
1088	Martha's Vineyard Chamber of Commerce	04-2683358	0.02%	\$	51,814.97
1089	Japan American Society of Kentucky, Inc.	61-1134245	0.04%	\$	132,682.15
1090	Leadership Kentucky Foundation, Inc.	31-1096215	0.15%	\$	284,010.63
1091	Oxford Lafayette County Economic Development Foundation, Inc.	64-0824720	0.11%	\$	270,029.86
1093	Gainesville Area Chamber of Commerce	59-0258435	0.48%	\$	1,277,534.52
1095	Flower Mound Chamber of Commerce	75-1929235	0.24%	\$	516,527.23
1097	Bellevue Chamber of Commerce	91-0533602	0.20%	\$	785,143.34
1098	Bonita Springs Area Chamber of Commerce	59-1694019	0.12%	\$	286,987.74
1099	Glendale Chamber of Commerce	86-0093492	0.13%	\$	239,546.80
1100	Ames Chamber of Commerce and Economic Development	42-0623975	0.56%	\$	906,120.80
1101	East Parker County Chamber of Commerce	75-2666491	0.08%	\$	90,327.10
1103	North Myrtle Beach Chamber of Commerce	57-1083402	0.20%	\$	249,410.41
1104	Jackson Area Manufacturers Association	38-2073593	0.11%	\$	582,502.44
1105	St. Petersburg Area Chamber of Commerce	59-1493839	0.36%	\$	580,420.97
1106	Racine Area Manufacturers and Commerce, Inc.	39-1403335	0.37%	\$	715,024.80
1107	Fayetteville Cumberland Economic Development Corporation	81-0801545	0.07%	\$	326,259.24
1108	The Reno Sparks Chamber of Commerce	88-0041905	0.10%	\$	154,425.58
1109	Greater Reading Chamber and Economic Development Corporation	81-4279395	0.80%	\$	4,018,708.50
1110	Siesta Key Chamber of Commerce	59-2798966	0.07%	\$	104,950.68
1111	North Texas GLBT Chamber of Commerce	20-1841881	0.05%	\$	71,414.57
1112	Greater Des Moines Partnership	42-1489668	2.15%	\$	13,262,457.06
1113	Russellville Area Chamber of Commerce	71-1129638	0.10%	\$	271,109.89
1114	Lakeshore Advantage	06-1708014	0.53%	\$	1,665,694.23
1115	Greater Irvine Chamber of Commerce	95-3433541	0.28%	\$	1,156,945.61
1116	Orlando Economic Partnership	59-1767933	2.19%	\$	8,403,513.60

1117	D.C. Chamber of Commerce	47-5511432	0.13%	\$	220,170.37
1118	Greater Irving-Las Colinas Chamber of Commerce	75-0679582	0.80%	\$	1,484,082.79
1119	Downtown Boston Business Improvement District Corporation	27-3596446	0.47%	\$	1,505,929.78
1120	Growth Alliance for Greater Evansville	35-1798568	0.02%	\$	-
1121	Albany Convention and Visitors Bureau	82-5502373	0.06%	\$	128,005.91
1122	Southwest Alabama Workforce Development Council	26-2638504	0.10%	\$	89,475.20
1123	Keene Chamber of Commerce	02-0214564	0.06%	\$	58,696.42
1124	Lake County IN Economic Alliance	35-1598214	0.08%	\$	69,076.47
1126	Greater Leander Chamber of Commerce and Visitor Center	74-2561194	0.09%	\$	138,599.90
1127	Thrive Regional Partnership	81-4427391	0.14%	\$	244,992.21
1128	Georgetown Hertiage	30-0830983	0.18%	\$	200,864.30
1129	Mason Deerfield Chamber of Commerce	31-1013854	0.03%	\$	29,521.81
1130	South Lake Chamber of Commerce	59-0573859	0.04%	\$	34,463.61
1131	Haywood Chamber of Commerce Economic Development Council	56-0992298	0.03%	\$	22,999.78
1132	Sioux Falls Area Chamber of Commerce	46-0189300	1.38%	\$	4,219,668.25
1133	St. Louis Regional Economic Development Alliance	35-2652316	0.04%	\$	-
1135	Palo Alto Chamber of Commerce and Visitors Center	94-0750244	0.05%	\$	0.20
1136	One Southcoast Chamber	84-3311136	0.25%	\$	807,057.07
1139	Murrieta/Wildomar Chamber of Commerce	95-6111677	0.07%	\$	112,465.19
1140	Unite-LA	82-0576380	1.34%	\$	4,052,427.19
1141	Cordova Chamber of Commerce	92-0006314	0.02%	\$	15,672.72
1143	Barren County Economic Authority	61-1064852	0.09%	\$	170,007.69
1144	Amarillo Convention and Visitors Bureau	85-3052934	0.22%	\$	313,380.53
1145	Tourism Council of the Greater Williamsburg Chamber and Tourism Alliance	82-2835264	0.32%	\$	245,118.31
1146	Missouri Biotechnology Association	43-1908699	0.22%	\$	70,192.54
1147	Lake Champlain Regional Chamber of Commerce	03-0108780	0.18%	\$	681,038.31
1148	Weslaco Area Chamber of Commerce	74-1046125	0.01%	\$	2,798.84
1149	Brooklyn Chamber of Commerce	11-0577070	0.04%	\$	34,296.37