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January 17, 2012

*Chamber to chamber.
We take your trust seriously.*

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

RE: American Chamber of Commerce Executives Deferred Compensation Plan
4875 Eisenhower Ave., Suite 250
Alexandria, VA 22304
EIN: 54-6487038

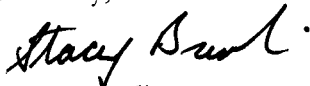
Dear Secretary of Labor:

As the plan sponsor of the American Chamber of Commerce Executives Deferred Compensation Plan, we maintain this plan primarily for the purpose of providing deferred compensation for a select group of highly compensated or management employees of the Participating Employers. This is the only top hat plan maintained by ACCE Benefit Trust.

The American Chamber of Commerce Executives Deferred Compensation Plan covers approximately 320 employees. By filing this statement, it is the intent of ACCE Benefit Trust to be deemed to satisfy the reporting and disclosure provisions of Part 1 of Title 1 of the Act.

If you have any questions regarding these materials, please contact me at (703) 998-3549 Monday – Friday between 9:00 am and 5 pm ET.

Sincerely,



Stacey Breslin
ACCE Vice President, Benefits Services

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 6047(e), 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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 03/01/1987 and ending 12/31/1987

- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or
 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan AMERICAN CHAMBER OF COMMERCE EXECUTIVES DEFERRED COMPENSATION PLAN		1b Three-digit plan number (PN) ▶	888
		1c Effective date of plan	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ACCE BENEFITS TRUST		2b Employer Identification Number (EIN)	54-6487038
4875 EISENHOWER AVENUE ALEXANDRIA, VA 22304-4850		2c Sponsor's telephone number	800-394-2223
		2d Business code (see instructions)	

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

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

SIGN HERE	<i>Stacey Breslin</i>	1/17/12	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 and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ACCE BENEFITS TRUST 4875 EISENHOWER AVENUE ALEXANDRIA, VA 22304-4850	3b Administrator's EIN 54-6487038 3c Administrator's telephone number 800-394-2223
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	
a Active participants.....	6a
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a, 6b, and 6c.....	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e.....	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)



ORIGIN ID: NDVA (703) 998-0072
 MAIL ROOM CHAMBER OF COMMERCE
 4875 EISENHOWER AVE STE 250
 ALEXANDRIA, VA 22304
 UNITED STATES US

SHIP DATE: 18JAN12
 ACTWGT: 0.1 LB
 CAD: 103591064/MSX12150

BILL SENDER

EMPLOYEE BENEFITS SECURITY ADM
 US DEPARTMENT OF LABOR
 TOP HAT PLAN EXEMPTION
 200 CONSTITUTION AVE, N W, N-1513
 WASHINGTON DC 20210

(703) 998-3526 REF: DEPT:
 INV: ID:



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