

efile Public Visual Render	ObjectID: 202442899349302624 - Submission: 2024-10-15	TIN: 13-2940919
Form 990	Return of Organization Exempt From Income Tax	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.	2023 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACORD CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 150 CLOVE ROAD 11TH FLOOR City or town, state or province, country, and ZIP or foreign postal code LITTLE FALLS, NJ 07424	D Employer identification number 13-2940919 E Telephone number (845) 620-1700 G Gross receipts \$ 31,913,274
F Name and address of principal officer: WILLIAM PIERONI 150 CLOVE ROAD 11TH FLOOR LITTLE FALLS, NJ 07424		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.ACORD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978 M State of legal domicile: DE

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE INTERESTS OF AND IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF ALL TRADING PARTNERS WITHIN THE VARIOUS SEGMENTS OF THE INSURANCE AND RELATED FINANCIAL SERVICES INDUSTRIES.		
	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	56
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	28,863,903	29,849,099
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	323,774	1,083,387
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,187,677	30,932,486
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	2,817
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,097,152	7,505,017
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,521,200	6,218,783
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,623,352	13,726,617
19 Revenue less expenses. Subtract line 18 from line 12	16,564,325	17,205,869	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	57,024,681	80,120,531
	21 Total liabilities (Part X, line 26)	19,142,538	37,546,049
22 Net assets or fund balances. Subtract line 21 from line 20	37,882,143	42,574,482	

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

Sign Here	Signature of officer TANYA KROCHTA EVP & CHIEF ADMIN. OFFICER			Date 2024-10-15	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2024-10-15	Check <input type="checkbox"/> if self-employed	PTIN P00543209
	Firm's name PKF O'CONNOR DAVIES ADVISORY LLC			Firm's EIN 87-3231666	
	Firm's address 300 TICE BOULEVARD SUITE 315 WOODCLIFF LAKE, NJ 07677			Phone no. (201) 712-9800	

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE ASSOCIATION FOR COOPERATIVE OPERATIONS RESEARCH AND DEVELOPMENT ("ACORD") IS A NOT-FOR-PROFIT CORPORATION ORGANIZED TO PROMOTE THE INTERESTS OF AND IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF ALL TRADING PARTNERS WITHIN THE VARIOUS SEGMENTS OF THE INSURANCE AND PROMOTING THE INTERESTS OF AND IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF ALL TRADING PARTNERS WITHIN THE VARIOUS SEGMENTS OF THE INSURANCE AND RELATED FINANCIAL SERVICES INDUSTRIES BY DEVELOPING STANDARDS, SPECIFICATIONS, AND RELATED IMPLEMENTATIONS TOOLS FOR THE ELECTRONIC EXCHANGE OF INFORMATION AND OTHER INFORMATION PROCESSING. ACORD ALSO SERVES THE PUBLIC INTEREST AND THE INTERESTS OF CONSUMERS OF INSURANCE AND RELATED FINANCIAL SERVICES THROUGH ANALYSIS, EDUCATION, STANDARDS SETTING AND RESEARCH & DEVELOPMENT ACTIVITIES CONCERNING THE ELECTRONIC EXCHANGE OF INFORMATION AND OTHER INFORMATION PROCESSING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
 PROMOTING THE INTERESTS OF AND IMPROVING THE EFFICIENCY AND EFFECTIVENESS OF ALL TRADING PARTNERS WITHIN THE VARIOUS SEGMENTS OF THE INSURANCE AND RELATED FINANCIAL SERVICES INDUSTRIES BY DEVELOPING STANDARDS, SPECIFICATIONS, AND RELATED IMPLEMENTATIONS TOOLS FOR THE ELECTRONIC EXCHANGE OF INFORMATION AND OTHER INFORMATION PROCESSING. ACORD ALSO SERVES THE PUBLIC INTEREST AND THE INTERESTS OF CONSUMERS OF INSURANCE AND RELATED FINANCIAL SERVICES THROUGH ANALYSIS, EDUCATION, STANDARDS SETTING AND RESEARCH & DEVELOPMENT ACTIVITIES CONCERNING THE ELECTRONIC EXCHANGE OF INFORMATION AND OTHER INFORMATION PROCESSING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Form 990 (2023)

Form 990 (2023)

Page 3

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 18 regarding organizational requirements and reporting.

- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

19		No
20a		No
20b		
21		No

Form 990 (2023)

Form 990 (2023)

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.		

All Form 990 filers are required to complete Schedule O.

38 Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question (1a, 1b, 1c), Amount (16, 0), and Yes/No columns.

Form 990 (2023)

Form 990 (2023)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main table with multiple rows (2a-12b) and columns for questions, amounts, and Yes/No responses.

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

Table with 3 columns: Question, Yes, No. Rows 13a-17. 13a: Is the organization licensed to issue qualified health plans in more than one state? 13b: Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13c: Enter the amount of reserves on hand. 14a: Did the organization receive any payments for indoor tanning services during the tax year? 14b: If "Yes," has it filed a Form 720 to report these payments? 15: Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16: Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17: Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

Form 990 (2023)

Form 990 (2023)

Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [checked]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: Enter the number of voting members of the governing body at the end of the tax year. 1b: Enter the number of voting members included in line 1a, above, who are independent. 2: Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3: Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4: Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5: Did the organization become aware during the year of a significant diversion of the organization's assets? 6: Did the organization have members or stockholders? 7a: Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b: Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8: Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a: The governing body? 8b: Each committee with authority to act on behalf of the governing body? 9: Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-15. 10a: Did the organization have local chapters, branches, or affiliates? 10b: If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a: Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b: Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a: Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b: Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c: Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13: Did the organization have a written whistleblower policy? 14: Did the organization have a written document retention and destruction policy? 15: Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
LISA PLUNKETT 150 CLOVE ROAD 11TH FLOOR LITTLE FALLS, NJ 07424 (845) 620-1700

Form **990** (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM PIERONI PRESIDENT & CEO	40.00	X		X			2,699,397	0	289,426	
(2) ROBERT KELLY CHAIR	1.00	X		X			0	0	0	
(3) KEVIN TOBIN VICE-CHAIR	1.00	X		X			0	0	0	
(4) COLLEEN BATMAN DIRECTOR	1.00	X					0	0	0	
(5) RICHARD BRAME DIRECTOR	1.00	X					0	0	0	
(6) REBECCA BUNYAN	1.00									

DIRECTOR, THRU 02/01/23		X							0	0	0
(7) BILL DEVINE DIRECTOR	1.00	X							0	0	0
(8) IAN HAYCOCK DIRECTOR	1.00	X							0	0	0
(9) BOB JAMES DIRECTOR	1.00	X							0	0	0
(10) MICHAEL JONES DIRECTOR	1.00	X							0	0	0
(11) JOHN KELLINGTON DIRECTOR	1.00	X							0	0	0
(12) MARK KNIPFER DIRECTOR	1.00	X							0	0	0
(13) VENKAT KRISHNAMOORTHY DIRECTOR	1.00	X							0	0	0
(14) JENNIFER KYUNG DIRECTOR	1.00	X							0	0	0
(15) STEVE LUNDIN DIRECTOR, THRU 01/20/23	1.00	X							0	0	0
(16) DAVE MATCHAM FCII DIRECTOR	1.00	X							0	0	0
(17) PATRICK MOLINEUX DIRECTOR	1.00	X							0	0	0

Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT RUSBULDT DIRECTOR	1.00	X						0	0	0
(19) DR CHRISTIAN SCHAFER DIRECTOR	1.00	X						0	0	0
(20) DR RALF SCHNEIDER DIRECTOR	1.00	X						0	0	0
(21) VLAD YEKELCHIK DIRECTOR, THRU 01/20/23	1.00	X						0	0	0
(22) TANYA J KROCHTA EXECUTIVE EVP & CHIEF ADMINISTRATIVE	40.00			X				548,044	0	69,980
(23) ANDREW J ZUCKERMAN SVP GOVERNMENT AFFAIRS & GENERAL COUNSEL	40.00				X			282,769	0	67,112
(24) MARIA LOURDES SORIANO	40.00				X			292,304	0	46,056

SVP, GLOBAL CHIEF MEMBERSHIP OFFICER									
(25) DAVID STERNER	40.00			X			236,894	0	50,936
VP, RESEARCH & DEVELOPMENT									
(26) LISA PLUNKETT	40.00			X			190,670	0	55,624
VP OF FINANCE & OPERATIONS									
(27) MANREEN KAUR	40.00				X		161,797	0	43,442
DIRECTOR P&C									
(28) RICHARD FLYNN	40.00			X			153,649	0	25,777
VP COMMUNICATIONS									
(29) SEAN STEWART	40.00			X			191,179	0	61,358
VP COMMUNICATIONS									
(30) KAREN MOTTLEY	40.00			X			148,326	0	43,981
SENIOR DIRECTOR, LIFE & ANNUITY									
(31) DEBRA SAHLER	40.00			X			146,206	0	61,108
SENIOR DIRECTOR, COMPLIANCE									
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							5,051,235	0	814,800

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMAZON WEB SERVICES INC 410 TERRY AVE NORTH SEATTLE, WA 98109	IT SERVICES	840,346
INDEPENDENT INSURANCE AGENTS & BROKERS O 172 S PEYTON STREET ALEXANDRIA, VA 22314	MARKETING SERVICES	200,000
PC CONNECTION 730 MILFORD ROAD MERRIMACK, NH 03054	IT SERVICES	111,082

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

Form 990 (2023)

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns	1a			
Contributions, Gifts, Grants, and Membership dues	1b			
Other Amounts Similar to Fundraising events	1c			

d Related organizations	1d
e Government grants (contributions)	1e
f All other contributions, gifts, grants, and similar amounts not included above	1f
g Noncash contributions included in lines 1a - 1f:\$	1g
h Total. Add lines 1a-1f	

		Business Code			
Program Service Revenue	2a MEMBERSHIP DUES	524298	18,700,319	18,700,319	
	b PRODUCT AND OTHER SERVICES	524298	5,800,396	5,800,396	
	c SUBSCRIPTION FEES	524298	5,348,384	5,348,384	
	d				
	e				
	f All other program service revenue.				
g Total. Add lines 2a-2f.			29,849,099		

3 Investment income (including dividends, interest, and other similar amounts)			1,071,926		1,071,926
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	6a	(i) Real			
	6b	(ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	992,249		
	7b	(ii) Other	980,788		
	c Gain or (loss)		11,461		
	d Net gain or (loss)			11,461	
a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			

c Net income or (loss) from sales of inventory					
11a	Business Code				
b					
Other Revenue Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions					
		30,932,486	29,849,099	0	1,083,387

Form 990 (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,817			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,829,212			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	625,285			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	627,068			
9 Other employee benefits	656,106			
10 Payroll taxes	767,346			
11 Fees for services (non-employees):				
a Management				
b Legal	102,183			
c Accounting	151,269			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,000			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	376,855			
12 Advertising and promotion	7,563			
13 Office expenses	699,847			
14 Information technology	816,750			
15 Royalties				
16 Occupancy	504,666			
17 Travel	343,460			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	243,850			
20 Interest				
21 Payments to affiliates				

22 Depreciation, depletion, and amortization . . .	569,637		
23 Insurance	133,455		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			
a VALUE ADDED TAX (VAT)	1,654,219		
b EXCISE TAXES	484,207		
c MISCELLANEOUS EXPENSES	40,527		
d TRAINING & EDUCATION	20,164		
e All other expenses	20,131		
25 Total functional expenses. Add lines 1 through 24e	13,726,617		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).			

Form 990 (2023)

Form 990 (2023)

Page 11

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,776	1	2,073,575
	2 Savings and temporary cash investments	10,233,830	2	6,572,507
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	919,843	4	1,962,910
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	629,224	9	503,601
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,969,889		
	b Less: accumulated depreciation	10b 1,799,418	331,479	10c 170,471
	11 Investments—publicly traded securities	25,752,894	11	40,913,195
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	1,044,200	14	1,085,632
	15 Other assets. See Part IV, line 11	18,105,435	15	26,838,640
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,024,681	16	80,120,531	
Liabilities	17 Accounts payable and accrued expenses	3,889,878	17	3,963,193
	18 Grants payable		18	
	19 Deferred revenue	8,318,067	19	11,829,240
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,934,593	25	21,753,616

26	Total liabilities. Add lines 17 through 25	19,142,538	26	37,546,049
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,882,143	27	42,574,482
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,882,143	32	42,574,482
	33 Total liabilities and net assets/fund balances	57,024,681	33	80,120,531

Form 990 (2023)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,932,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,726,617
3	Revenue less expenses. Subtract line 2 from line 1	3	17,205,869
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,882,143
5	Net unrealized gains (losses) on investments	5	1,957,380
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,470,910
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	42,574,482

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2023)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

efile Public Visual Render	ObjectID: 202442899349302624 - Submission: 2024-10-15	TIN: 13-2940919
SCHEDULE C (Form 990) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2022</div> Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization ACORD CORPORATION	Employer identification number 13-2940919
-----------------------------------------------	----------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Section 501(h)

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications or published or broadcast statements?			

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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Schedule C (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (ACORD CORPORATION) and Employer identification number (13-2940919)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with columns 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Label (1c-1f), Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: Label (1a-1g), (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations, (ii) Related organizations

Table with 2 columns: Yes, No; rows 3a(i), 3a(ii), 3b

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	14,484
(2) VAT RECEIVABLE	26,417
(3) DUE FROM ACORD SOLUTIONS GROUP	25,657,491
(4) OPERATING LEASE - RIGHT OF USE ASSETS	555,871
(5) OVERFUNDED PENSION OBLIGATION	584,377
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	26,838,640

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION LIABILITY	1,160,592
OPERATING LEASE LIABILITIES	555,872

INVESTMENT IN SUBSIDIARY	20,037,152
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	21,753,616

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,275,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,957,380
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,435,835
e	Add lines 2a through 2d	2e	4,393,215
3	Subtract line 2e from line 1	3	30,882,486
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	50,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	30,932,486

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	30,583,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	17,391,986
e	Add lines 2a through 2d	2e	17,391,986
3	Subtract line 2e from line 1	3	13,191,376
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000
b	Other (Describe in Part XIII.)	4b	485,241
c	Add lines 4a and 4b	4c	535,241
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,726,617

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	ACORD ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUES FROM CONSOLIDATED ENTITY 2,435,835.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES FROM CONSOLIDATED ENTITY 17,361,196. LOSS ON DISPOSAL 30,790.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS 485,241.

Schedule D (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ACORD CORPORATION

Employer identification number

13-2940919

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for Europe (including Iceland & Greenland) - Albania, Andorra, Austria, Belgium.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other).

? Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax

efile Public Visual Render	ObjectID: 202442899349302624 - Submission: 2024-10-15	TIN: 13-2940919
Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.		<div style="font-size: 2em; font-weight: bold; color: green;">2023</div> Open to Public Inspection

Name of the organization ACORD CORPORATION	Employer identification number 13-2940919
-----------------------------------------------	----------------------------------------------

Part I Questions Regarding Compensation	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes								
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width:100%; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a									
b Any related organization?	5b									
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a									
b Any related organization?	6b									
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2023**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM PIERONI PRESIDENT & CEO	(i)	978,125	1,265,000	456,272	231,157	58,269	2,988,823	300,000
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 TANYA J KROCHTA EXECUTIVE EVP & CHIEF ADMINISTRATIVE	(i)	201,312	340,000	6,732	14,800	55,180	618,024	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 ANDREW J ZUCKERMAN SVP GOVERNMENT AFFAIRS & GENERAL COUNSEL	(i)	190,787	90,000	1,982	12,150	54,962	349,881	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 MARIA LOURDES SORIANO SVP, GLOBAL CHIEF MEMBERSHIP OFFICER	(i)	179,889	110,000	2,415	13,245	32,811	338,360	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 DAVID STERNER VP, RESEARCH & DEVELOPMENT	(i)	182,508	50,000	4,386	9,000	41,936	287,830	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

6 SEAN STEWART VP COMMUNICATIONS	(i)	157,406	33,480	293	5,288	56,070	252,537	0
	(ii)	0	0	0	0	0	0	0
7 LISA PLUNKETT VP OF FINANCE & OPERATIONS	(i)	148,324	40,000	2,346	8,965	46,659	246,294	0
	(ii)	0	0	0	0	0	0	0
8 DEBRA SAHLER SENIOR DIRECTOR, COMPLIANCE	(i)	140,632	5,000	574	6,300	54,808	207,314	0
	(ii)	0	0	0	0	0	0	0
9 MANREEN KAUR DIRECTOR P&C	(i)	145,457	15,000	1,340	7,621	35,821	205,239	0
	(ii)	0	0	0	0	0	0	0
10 KAREN MOTTLEY SENIOR DIRECTOR, LIFE & ANNUITY	(i)	138,810	7,000	2,516	6,845	37,136	192,307	0
	(ii)	0	0	0	0	0	0	0
11 RICHARD FLYNN VP COMMUNICATIONS	(i)	138,119	14,000	1,530	6,975	18,802	179,426	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	WILLIAM PIERONI, RECEIVED A 457(F) DISTRIBUTION IN THE AMOUNT OF \$300,000 IN HIS 2023 W2 .

Schedule J (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2023

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Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (ACORD CORPORATION) and Employer identification number (13-2940919)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No)

Part V Supplemental Information


Provide additional information for responses to questions on Schedule L (see instructions).

Table with 2 columns: Return Reference, Explanation

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202442899349302624 - Submission: 2024-10-15	TIN: 13-2940919
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 
	Name of the organization ACORD CORPORATION	

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE FOLLOWING MAY BECOME REGULAR MEMBERS OF THE CORPORATION, AS DEFINED IN THE CERTIFICATE OF INCORPORATION, AND SHALL BE REFERRED TO IN THESE BYLAWS AS CORPORATE MEMBERS OF THE CORPORATION: - ANY ORGANIZATION ENGAGED IN THE BUSINESS OF UNDERWRITING, AND/OR SELLING, DISTRIBUTING OR OTHERWISE PROVIDING PROPERTY, CASUALTY, LIFE OR HEALTH INSURANCE, SURETY AND ANNUITIES, OR REINSURANCE; - ANY NON-INSURANCE FOR-PROFIT ORGANIZATION NOT ALSO QUALIFYING TO BE AN ORGANIZATION DESCRIBED IN SECTIONS 2A I OR 2A II OF BY-LAWS HEREOF, AND -ANY NOT-FOR-PROFIT TRADE ASSOCIATION REPRESENTING ORGANIZATIONS DESCRIBED IN SECTION 1A OR 1 B OF THE BY-LAWS, INCLUDING SUCH ORGANIZATIONS THAT MAY ALSO REPRESENT INDIVIDUALS. THE FOLLOWING MAY BECOME ASSOCIATE MEMBERS OF THE CORPORATION, AS DEFINED IN THE CERTIFICATE OF INCORPORATION, AND SHALL BE REFERRED TO IN THESE BYLAWS AS ASSOCIATE MEMBERS OF THE CORPORATION: - ANY ORGANIZATION WHOSE PRIMARY BUSINESS IS PROVIDING HARDWARE, SOFTWARE, TECHNOLOGY OR RELATED SERVICES; - ANY USER GROUP FORMED BY AN ORGANIZATION DESCRIBED IN SECTION 2A I OF BY-LAWS HEREOF OR ITS CUSTOMERS HAVING A COMMON INTEREST IN SPECIFIC PRODUCTS AND SERVICES PURCHASED FROM THAT ORGANIZATION; AND -THE GOVERNMENT OF THE UNITED STATES OR ANY SOVEREIGN NATION, ANY OF THEIR RESPECTIVE STATES OR POLITICAL SUBDIVISIONS, ANY REGIONAL AUTHORITY OF ANY OF THE FOREGOING, AND ANY AGENCY OR OTHER ORGANIZATION CREATED BY ANY OF THE FOREGOING. THE FOLLOWING SHALL BE ASSOCIATE MEMBERS OF THE CORPORATION, AS DEFINED IN THE CERTIFICATE OF INCORPORATION, AND SHALL BE REFERRED TO IN THESE BYLAWS AS SUBSCRIBER MEMBERS OF THE CORPORATION: - ANY ORGANIZATION WHICH, FOR DIRECT OR INDIRECT PAYMENT TO THE CORPORATION, SUBSCRIBES FOR SPECIFIC GOODS OR SERVICES UNDER A SUBSCRIBER PROGRAM APPROVED BY THE BOARD OF DIRECTORS OR A DESIGNATED COMMITTEE OF THE BOARD. EVERY MEMBER OF THE CORPORATION SHALL DESIGNATE A REPRESENTATIVE AND AN ALTERNATE TO REPRESENT IT IN REGARD TO CORPORATION MATTERS AND SHALL GIVE NOTICE IN WRITING OF SUCH DESIGNATION TO THE SECRETARY OF THE CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A	BOARD OF DIRECTORS' APPROVAL OF INDIVIDUALS NOMINATED FOR BOARD MEMBERSHIP BY THE BOARD'S EXECUTIVE COMMITTEE IS SUBJECT TO ELECTION BY A PLURALITY VOTE OF ACORD MEMBERS ELIGIBLE TO VOTE ON SUCH MATTERS WHO ARE PRESENT AND VOTING IN PERSON OR BY PROXY AT THE MEETING AT WHICH THE NOMINEES ARE VOTED UPON.
FORM 990, PART VI, SECTION A, LINE 7B	BOARD OF DIRECTORS' APPROVAL OF AMENDMENTS TO ACORD'S BYLAWS IS SUBJECT TO A MAJORITY VOTE OF ACORD MEMBERS ELIGIBLE TO VOTE ON SUCH MATTERS WHO ARE PRESENT IN PERSON OR REPRESENTED BY PROXY AT ANY MEETING OF ACORD.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. AFTER THE FORM 990 HAS BEEN PREPARED THE ORGANIZATION PROVIDES A COPY TO THE AUDIT COMMITTEE FOR REVIEW AND ANY COMMENTS. ONCE ALL COMMENTS HAVE BEEN ADDRESSED THE RETURN IS SUBMITTED TO THE INTERNAL REVENUE SERVICE FOR FILING. THE 990 IS NOT REVIEWED BY THE ENTIRE BOARD BEFORE FILING WITH THE IRS BUT IS AVAILABLE TO BE POSTED ON THE BOARD'S WEBSITE IF NEEDED.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE ORGANIZATION'S DIRECTORS (REGARDING NON-TRANSACTION-SPECIFIC MATTERS), OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO RESPOND TO THE CONFLICT OF INTEREST DISCLOSURE POLICY AND DOCUMENTS ARE REVIEWED INITIALLY BY HOUSE COUNSEL FOR POSSIBLE REFERRAL TO THE PRESIDENT OF THE ORGANIZATION FOR FURTHER CONSIDERATION AND APPROPRIATE ACTION IF WARRANTED. CERTAIN RESPONSES, INCLUDING THOSE FROM NON-KEY-EMPLOYEE STAFF MEMBERS, MAY BE ADDRESSED IN THE FIRST INSTANCE DIRECTLY TO THE PRESIDENT OF THE ORGANIZATION OR BROUGHT TO THE ATTENTION OF THE HEAD OF THE HUMAN RESOURCES DEPARTMENT FOR CONSIDERATION AND POSSIBLE REFERRAL TO THE PRESIDENT OF THE ORGANIZATION FOR FURTHER CONSIDERATION AND APPROPRIATE ACTION IF WARRANTED. A DIRECTOR OR OFFICER DISCLOSING A POTENTIAL CONFLICT REGARDING A PARTICULAR TRANSACTION MAKES THE DISCLOSURE TO THE PRESIDENT OR CHAIRMAN OF THE BOARD OF DIRECTORS (CHAIR) THROUGH THE CORPORATE SECRETARY FOR DETERMINATION AS TO WHETHER THERE IS IN FACT A CONFLICT OR APPEARANCE OF A CONFLICT. IN THE CASE OF A DIRECTOR, IF IT IS DETERMINED THAT A CONFLICT OR APPARENT CONFLICT EXISTS REGARDING A PARTICULAR TRANSACTION, THE CONFLICT OR APPARENT CONFLICT IS REPORTED TO THE EXECUTIVE COMMITTEE OR THE FULL BOARD. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD OR ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR DOES NOT VOTE ON THE MATTER. IN THE CASE OF AN OFFICER, IF IT IS DETERMINED THAT THERE IS IN FACT A CONFLICT REGARDING A PARTICULAR TRANSACTION, THE PRESIDENT OR CHAIR EXERCISES BEST JUDGMENT ON THE APPROPRIATE COURSE TO FOLLOW. THIS MAY INCLUDE APPROVING THE TRANSACTION IF THE PRESIDENT OR CHAIR IS REASONABLY CERTAIN THAT THE BEST INTERESTS OF THE ORGANIZATION WILL BE SERVED BY SUCH AN APPROACH; REFERRING THE ISSUE TO LEGAL COUNSEL FOR ADVICE; OR REFERRING THE ISSUE TO THE FULL BOARD OR APPROPRIATE BOARD COMMITTEE FOR DECISION. IN THE CASE OF A POTENTIAL CONFLICT REGARDING A PARTICULAR TRANSACTION INVOLVING EITHER THE PRESIDENT OR THE CHAIR, THE AFFECTED PARTY NOTIFIES THE OTHER THROUGH THE CORPORATE SECRETARY WITH THE CONFLICT THEN BEING REPORTED TO THE FULL BOARD. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD OR ONE OF ITS COMMITTEES, THE PRESIDENT OR CHAIR DOES NOT VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15	THE CEO, SENIOR MANAGEMENT TEAM, AND OTHER OFFICERS AND EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE USING COMPENSATION STUDIES AND COMPARING COMPENSATION TO OTHER SIMILAR-SIZED ORGANIZATIONS. ONCE FINALIZED, THE COMMITTEE WILL SEND ITS APPROVAL. THIS PROCESS WAS LAST UNDERTAKEN IN 2023. COMPENSATION WAS DOCUMENTED IN A MEETING THAT WAS NOT INCLUDED IN THE BOARD MINUTES.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS OF THE CORPORATION ARE AVAILABLE ON THE COMPANY'S PUBLIC WEBSITE. ACORD DOES NOT MAKE THE CONFLICT OF INTEREST POLICY, THE FINANCIAL STATEMENTS, OR FORM 990 AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 9:	CHANGE IN ACCRUED PENSION LIABILITY TO BE RECOGNIZED IN FUTURE PERIODS 485,241. LOSS ON INVESTMENT IN SUBSIDIARY -14,925,361. LOSS ON DISPOSAL OF ASSETS -30,790.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ACORD CORPORATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 13-2940919

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

(1) ACORD SOLUTIONS GROUP INC 150 CLOVE RD STE 11

INSURANCE RELATED SUPPORT CA

ACORD CORPORATION C

2,435,835 10,102,571

100.000 %

Yes No

LITTLE FALLS, NJ 109653100
81-2988120

Table with 10 columns and 10 rows, mostly empty.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
b Gift, grant, or capital contribution to related organization(s).
c Gift, grant, or capital contribution from related organization(s).
d Loans or loan guarantees to or for related organization(s).
e Loans or loan guarantees by related organization(s).
f Dividends from related organization(s).
g Sale of assets to related organization(s).
h Purchase of assets from related organization(s).
i Exchange of assets with related organization(s).
j Lease of facilities, equipment, or other assets to related organization(s).
k Lease of facilities, equipment, or other assets from related organization(s).
l Performance of services or membership or fundraising solicitations for related organization(s).
m Performance of services or membership or fundraising solicitations by related organization(s).
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
o Sharing of paid employees with related organization(s).
p Reimbursement paid to related organization(s) for expenses.
q Reimbursement paid by related organization(s) for expenses.
r Other transfer of cash or property to related organization(s).
s Other transfer of cash or property from related organization(s).

Table with 2 columns: Yes, No. Rows correspond to items 1a through 1s.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Includes rows for ACORD SOLUTIONS GROUP.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners section 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

