Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

P	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 09/01/2011	1	and ending 0	8/31/2	2012
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final r	eturn/report		
	an amended return/report	a short pla	in year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	n)			
Pa	art II Basic Plan Information—enter all requested informa				
	Name of plan	111011		1b	Three-digit
	EVUE CHAMBER OF COMMERCE 401(K) PLAN				plan number
					(PN) • 001
				1C	Effective date of plan 09/01/1999
2a	Plan sponsor's name and address; include room or suite number (er	molover if	for a single-employer plan)	2h	Employer Identification Number
	LEVUE CHAMBER OF COMMERCE		Tot a onigio ompioyor plany	25	(EIN) 91-0533602
				2c	Sponsor's telephone number
302 E	BELLEVUE SQUARE				425-454-2464
	EVUE, WA 98004			2d	Business code (see instructions)
				01	813000
3a BELL	Plan administrator's name and address (if same as plan sponsor, en EVUE CHAMBER OF COMMERCE 302 BELLEVU			30	Administrator's EIN 91-0533602
	BELLEVUE, V			3с	Administrator's telephone number
					425-454-2464
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	•			5a	17
b	Total number of participants at the end of the plan year			5b	15
С	Number of participants with account balances as of the end of the pl	lan year (defined benefit plans do not		
	complete this item)			5c	14
	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	238828		283713
b	Total plan liabilities	7b			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	238828		283713
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	2375		
	(2) Participants	8a(2)	23855		
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	23085		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			49315
d	Benefits paid (including direct rollovers and insurance premiums	- 00			
	to provide benefits)	8d	4091		
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g	339		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4430
į	Net income (loss) (subtract line 8h from line 8c)	8i			44885
j	Transfers to (from) the plan (see instructions)	8j			

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions						
0	During the plan year:		Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		<u> </u>	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art					<u>I</u>		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	☐ No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					_	ш
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	th					
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1		
b	Enter the minimum required contribution for this plan year			12b			
	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VII Plan Terminations and Transfers of Assets						
3a	Has a resolution to terminate the plan been adopted in any plan year?			١	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ontrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)			
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
	A nonella farthe late or incomplete filling of the control of the	<u> </u>		1-1	liah a d		
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return.						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/26/2012	MARIE L. POTTER
HERE	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

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

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	Part I Annual Report Identification Information						
For	For calendar plan year 2011 or fiscal plan year beginning 09/01/2011 and ending 08/31/2012						
Α٦	his return/report is for:	a multiple-e	mployer plan (not multiemployer)	100 mg	a one-participant plan		
В	his return/report is: the first return/report	the final ret	urn/report				
	an amended return/report	a short plan	year return/report (less than 12 mo	n(hs)			
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program		
	special extension (enter description	n)					
Pa	rt II Basic Plan Information—enter all requested informa	ition					
1a	Name of plan			1b	Three-digit		
BELL	EVUE CHAMBER OF COMMERCE 401(K) PLAN				plan number 001		
				4.	(1-14)		
				10	Effective date of plan 09/01/1999		
2a	Plan sponsor's name and address; include room or suile number (er EVUE CHAMBER OF COMMERCE	nployer, if fo	or a single-employer plan)	2b	Employer Identification Number		
BELL	EVUE CHAMBER OF COMMERCE		No. 10 Company		(EIN) 91-0533602		
			9	2c	Sponsor's telephone number		
302 E	BELLEVUE SQUARE				425-454-2464		
BELL	EVUE WA 98004			2d	Business code (see instructions)		
32	Plan administrator's name and address (if same as plan sponsor, en	tor "Co"		2 1	813000		
SAM	1970 M. 15 W.	ner Same)		งม	Administrator's EIN		
				3с	Administrator's telephone number		
4	If the name and/or CIN of the plan property has abarraed since the le			41-			
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	asi returnire	port filed for this plan, enter the	4b	EIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a	17		
b	Total number of participants at the end of the plan year			5b	15		
С	Number of participants with account balances as of the end of the p complete this item)			5c	14		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (See instructions.)		X Yes □ No		
b	Are you claiming a waiver of the annual examination and report of a	an independ	lent qualified public accountant (IQF	PA)			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes \ No		
Pa	rt III Financial Information	JIIII 0000-0	and must histead use I drill 550	,o	- 1947		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
а	Total plan assets	7a	238828		283713		
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_ c	Net plan assets (subtract line 7b from line 7a)	7c	238828		283713		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:		2375				
	(1) Employers	8a(1)	Part I				
	(2) Participants	8. 30 -0	23855	4			
h	(3) Others (including rollovers)	1	Opno	8			
	Other income (loss)		23085	-	40046		
c d	Benefits paid (including direct rollovers and insurance premiums	8c		_	49315		
u	to provide benefits)	8d	4091	8			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	339				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			\mathbf{L}	4430		
i	Net income (loss) (subtract line 8h from line 8c)	8i	7		44885		
j	Transfers to (from) the plan (see instructions)	8j					
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for	Form 5500-SF		_	Form 5500-SE (2011)		

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Part		Plan Characteristics		V W WEEK						
9a 1	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D									
b i	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Part	V	Compliance Questions							C A Company	
10	Duri	ng the plan year:				Yes	No	-	mount	780
	29	there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progra	m)	10a		х			
b	The state of the s									
C	Wa	s the plan covered by a fidelity bond?			10c	Х				25000
d	Did : or di	the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	lity bond, that was c	aused by fraud	10d		×			
е	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of th uctions.)	e benefits under the	plan? (See	10e		x		100	22
f		the plan failed to provide any benefit when due under the plan? .			10f		Х			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			1,3115
h	If thi	s is an individual account plan, was there a blackout period? (See	e instructions and 29	CFR	10h	¥	х	18.22		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
i	If 10	h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					-
Part '	I	Pension Funding Compliance		V						
11	ls th	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see inst	ructions and com	plete	Sched	lule SB	(Form	П	П.,
12)))			- 22				Yes	No X No
12		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the Code	or se	ction .	3UZ OT I	ERISA?	∐ Yes	X No
а	lf a v	vaiver of the minimum funding standard for a prior year is being a ting the waiver.	mortized in this plan	year, see instru	ctions, ith	and e	enter th Dav	e date of the	e letter ruli Zear	ing
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Ente	r the minimum required contribution for this plan year					12b			
		r the amount contributed by the employer to the plan for this plan				[12c			
d	Sub nega	ract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a mini	us sign to the left	of a	[12d			
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No [N/A
Part '	VII	Plan Terminations and Transfers of Assets		incoming in						
13a		a resolution to terminate the plan been adopted in any plan year?					Y	es X No		
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year		1	3a				
	of th	e all the plan assets distributed to participants or beneficiaries, tra e PBGC?	*****************************	·····					Yes	X No
C		ring this plan year, any assets or liabilities were transferred from th assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pla	n(s) lo	i			
1	3c(1)	Name of plan(s):	- mirror and the			13	c(2) El	N(s)	13c(3)	PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonat	ole cau	ıse is	establ	ished.		
SB or	Sch	allies of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have es the electronic vers	examined this ret sion of this return	urn/re /repor	port, ir l, and	cluding to the t	g, if applicat best of my ki	ile, a Sche nowledge	edule and
SIGN	,)	W Path	19-25-12	MARIE L. POT	TER			77.514		
HER	_3'	Signature of plan administrator	Date	Enter name of i	111	ual sin	ning as	s olan admir	istrator	-
	T	•	90475.0000			vig	9 0	gran duniii		

Date

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor