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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

				Complete all entries in a	accordance	with the instruc	tions to the Form 550	10-SF.		
	art I			fication Information	n					
For	calenda	ar plan year 2012 or fis	<u>scal plar</u>	n year beginning 09/0	1/2012		and ending (08/31/2	2013	
Α .	This ret	urn/report is for:	X as	ingle-employer plan	a mult	iple-employer pl	an (not multiemployer)		a one-partici	oant plan
В	This retu	urn/report is:	the	first return/report	the fin	al return/report				
			an	amended return/report	a short	plan year retur	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	For	rm 5558	autom	atic extension			DFVC progra	am
			spe	ecial extension (enter des	cription)					
Pa	art II	Basic Plan Info	rmatio	n—enter all requested in	nformation					
1a	Name o	of plan						1b	Three-digit	
BELL	EVUE (CHAMBER OF COMM	IERCE 4	401(K) PLAN					plan number	
								L_	(PN) •	001
									Effective date o	•
				nclude room or suite numl	ber (employe	er, if for a single-	employer plan)	2b	Employer Identi	fication Number
BELL	_EVUE (CHAMBER OF COMM	1ERCE						(EIN) 91-05	33602
								2c	Sponsor's telep	
		UE SQUARE WA 98004						24		(see instructions)
								24	81300	
3a	Plan ac	dministrator's name an	nd addre	ess XSame as Plan Spor	nsor Name	Same as Plar	Sponsor Address	3b	Administrator's	EIN
								30	Administrator's	telephone number
								30	Administrator 5	telepriorie flumbei
4	If the n	ame and/or EIN of the	plan sı	ponsor has changed since	e the last retu	urn/report filed fo	or this plan, enter the	4b	EIN	
_			nber fro	m the last return/report.				40	DNI	
		or's name	-444					4c	PN T	
				peginning of the plan year				5a		15
b				end of the plan year				5b		15
С				balances as of the end o		`	•	5c		12
6a	Were	all of the plan's assets	during	the plan year invested in	eligible asse	ts? (See instruc	tions.)			X Yes No
b				nual examination and repo						
				nstructions on waiver eligi						X Yes No
				e 6a or line 6b, the plan						
				mplete filing of this retu						
				alties set forth in the instrued by an enrolled actuary,						
		rue, correct, and comp		ed by an enrolled actuary,	as well as th	ie electronic ver	sion of this return/repor	ı, and	to the best of my	knowledge and
	·				1		1			
SIG		Filed with authorized/	valid ele	ectronic signature.	09	/27/2013	MARIE L. POTTER			
ПЕГ	\L	Signature of plan a	dminist	trator	Da	ate	Enter name of individ	lual siç	ning as plan adr	ninistrator
SIG										
HEF		Signature of emplo			Da		Enter name of individ			
Pre	parer's ı	name (including firm n	ame, if	applicable) and address;	include room	or suite numbe	r (optional)	Prep	arer's telephone	number (optional)

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Dor	t III Financial Information		<u> </u>						
Par			(a) Danimin mark Van		T		/h) Fud of Voor		
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year		
	Total plan assets	7a 7b	20371	2037 13			331389		
	Net plan assets (subtract line 7b from line 7a)	76 7c	28371	283713			331389		
	Income, Expenses, and Transfers for this Plan Year	70		<u> </u>			(b) Total		
	Contributions received or receivable from:		(a) Amount			(b) Total			
	(1) Employers	8a(1)	178	8					
	(2) Participants	8a(2)	2049	97					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	3639	8					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58683		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1078	2					
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	22	25					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					11007		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					47676		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:		
Part	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X		25000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X	20000		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	ner person	s by an insurance carrier,						
	instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10i					
Part					<u> </u>				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ith	and e	enter th Day	ne date of the letter ruling Year		
If :	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.				<u> </u>		
b	b Enter the minimum required contribution for this plan year								

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	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 of a negative amount)	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			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report Identification Information				355-Will 358-Will 358			
For calend	dar plan year 2012 or fiscal plan year beginning 09/01/2012		and ending 0	08/31/2013	70 3092			
A This re	turn/report is for: X a single-employer plan a r	multiple-employer pla	n (not multiemployer)	a one-par	licipant plan			
B This return/report is: the first return/report the final return/report								
		hort plan year return	report (less than 12 mc	onths)				
C Chack		Itomatic extension	and the same					
O CHECK	special extension (enter description)	nomano extension		☐ DFVC pro	gram			
Dowt II								
Part II	Basic Plan Information—enter all requested information	on		Γ 4.				
1a Name	The state of the s		1	1b Three-digit plan number				
DELLEVUE	E CHAMBER OF COMMERCE 401(k) PLAN			(PN)	001			
				1c Effective dat	e of plan			
					1/1999			
2a Plans	sponsor's name and address; include room or suite number (emp ECHAMBER OF COMMERCE	loyer, if for a single-	employer plan)	2b Employer ide	ntification Number			
BELLEVUE	CHAMBER OF COMMERCE)533602			
				2c Sponsor's te	lephone number			
302 BELLE	VUE SQUARE				454-2464			
					le (see instructions)			
	E. WA 98004 administrator's name and address XSame as Plan Sponsor Nam	as Deama as Blan	Sponsor Address	813				
Ja riana	administrator's name and address. Modine as Flan oponisor Han	ie Saille as Flair	Sporisor Address	3b Administrator's EIN				
				3c Administrato	's telephone number			
A 15.15								
	name and/or EIN of the plan sponsor has changed since the last e, EIN, and the plan number from the last return/report.	return/report nied to	r this plan, enter the	4b EIN				
	sor's name			4c PN				
5a Total	number of participants at the beginning of the plan year	***************************************	***************************************	5a	15			
b Total	number of participants at the end of the plan year			5b	15			
	ber of participants with account balances as of the end of the plan		SCHOOL SWINGS OF SCHOOL SCHOOL STANDS AND ST	30				
	olete this item)			5c	12			
	e all of the plan's assets during the plan year invested in eligible	17/22/2019			X Yes No			
b Are v	ou claiming a waiver of the annual examination and report of an	independent qualifie	d public accountant (IOF	PA)				
unde	er 29 CFR 2520,104-46? (See instructions on waiver eligibility and	d conditions.)		········	X Yes No			
	u answered "No" to either line 6a or line 6b, the plan cannot							
	A penalty for the late or incomplete filing of this return/repor							
Under per	nalties of perjury and other penalties set forth in the instructions, ledule MB completed and signed by an enrolled actuary, as well	I declare that I have a	examined this return/rep	port, including, if app	olicable, a Schedule			
belief, it is	true, correct, and complete.	as the electronic vers	sion of this returnieport,	i, and to the pest of	my knowledge and			
2010/Enterio	1.400 ' 40-4							
SIGN HERE	×Mare Foll	19-2613	* Marie L	Potter				
NEKE	Signature of plan administrator	ual signing as plan :	administrator					
SIGN			A STATE OF THE STA	N/C				
HERE	Signature of employer/plan sponsor	Date	Enter name of individu	ual signing as emple	over or plan sponsor			
Preparer's	s name (including firm name, if applicable) and address; include r		(optional)	Preparer's telepho	ne number (optional)			
2017								
					÷			
	9							

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır		3477.30	(b) End of Year	
a	Total plan assets	otal plan assets					331389	
b	Total plan liabilities	7b					301303	
С	Net plan assets (subtract line 7b from line 7a)	7c	28371	3			331389	
_8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b) Total	
0.000	Contributions received or receivable from: (1) Employers	ontributions received or receivable from:						
	(2) Participants	7						
	(3) Others (including rollovers)	8a(3)				100	700 We	
b	Other income (loss)	8b	3639	8				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					58683	
d	Benefits paid (including direct rollovers and insurance premiums						 	
	to provide benefits)	8d	1078:	2	+			
	Certain deemed and/or corrective distributions (see instructions)	8e			-			
	Administrative service providers (salaries, fees, commissions)	8f			-			
	Other expenses	8g	22	5	_			
- 2	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1.1		11007	
5.00	Net income (loss) (subtract line 8h from line 8c)	8i			_	-	47676	
_	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Charac	ctorict	io Con	lan in I	ha lasta esti	
~	The plant provides wellars sollens, shot the applicable trendre to	oatare cout	es iroth the fist of Fiath Chara	ctensi	IC COE	ies in t	ne instructions:	
Part	V Compliance Questions				37	115-51	The state of the s	
10	During the plan year:	1.41		277	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions within	n the time period described in rection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х		
С	Was the plan covered by a fidelity bond?	••••		10c	х		25000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		х	25000	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all instructions.)	of the bene	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	in?	***************************************	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and.)	10a		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		×		
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i		1000001	, ———	
Part								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If "	Yes," see instructions and com	nplete	Sched	fule SE	3 (Form Yes ∏ No	
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No	
KILLS-00-7	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)					
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling							
N 0315-	granting the waiver					Day	Year	
	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (For	rm 5500), and skip to line 13.			Day	Year	
	granting the waiver	le MB (For	rm 5500), and skip to line 13.			Day 12b	Year	

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C	Enter the amount contributed by the employer to the plan for this plan year		12c	T			
d :	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign to the left of a	12d				
	Will the minimum funding amount reported on line 12d be met by the funding		60 A Martin Co.	Yes	No	□ N/A	
Part V							
13a	Has a resolution to terminate the plan been adopted in any plan year?		,	res X No	ì		
1	If "Yes," enter the amount of any plan assets that reverted to the employer ti	his year	13a				
b v	Were all the plan assets distributed to participants or beneficiaries, transferror of the PBGC?	ed to another plan, or brought under the c	ontrol		☐ Yes		
C	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)					p	
13	3c(1) Name of plan(s):	13	3c(2) E	IN(s)	13c(3) PN(s)	
Part \	VIII Trust Information (optional)						
14a Name of trust					14b Trust's EIN		
		İ					

. . .