-	m 5500-SF	Short Form Annual R	eturn/Report o Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed			013				
Employee Be	epartment of Labor enefits Security Administration	Retirement Income Security Act of the Interna	ctions 6057(b) and 6058		This Form is Open to Public Inspection				
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	dance with the instrue	ctions to the Form 550)-SF.		poonon		
Part I		entification Information							
For calenda	ar plan year 2013 or fisca		3	and ending 0	8/31/2	2014			
A This ret	urn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
	, , , , , , , , , , , , , , , , , , ,	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths))			
C Check box if filing under:									
Dent II	Decie Dien Inform		,						
Part II		nation—enter all requested information	ation		1h	Three-digit			
1a Name	CHAMBER OF COMME	RCE 401(K) PLAN				plan number			
						(PN) ▶	001		
					1c	Effective date of	f plan		
						09/01/	(1999		
	chamber of comme and address of comme	ess; include room or suite number (er RCE	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 91-05			
330 - 112TH	AVE N.E. SUITE 100				2c	Sponsor's telep 425-454			
330 - 112TH AVE. N.E., SUITE 100 BELLEVUE, WA 98004					2d	Business code (81300			
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address					3b	Administrator's			
4 If the r	name and/or EIN of the p	lan sponsor has changed since the la	ast return/report filed fo	or this plan, enter the	4b	EIN			
	, EIN, and the plan numb	per from the last return/report.			4c				
5a Total r	number of participants at	the beginning of the plan year			5a		15		
b Total r	number of participants at	the end of the plan year			5b	5b			
		count balances as of the end of the p			5c		11		
_		luring the plan year invested in eligibl					X Yes No		
	•	ne annual examination and report of a	•	,					
		See instructions on waiver eligibility a					X Yes No		
-		er line 6a or line 6b, the plan cann							
C If the p	plan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)? .		Yes No	Not determined		
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable cau	se is	established.			
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	11/12/2014	MARIE L. POTTER	OTTER				
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	f individual signing as plan administrator				
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial eid	ning as employo	r or plan sponsor		
Preparer's		ne, if applicable) and address; include			-		number (optional)		
		,		., /	- 1-	P	· · · · /		

Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
a Total plan assets	7a	33138	9	388766						
b Total plan liabilities	7b									
C Net plan assets (subtract line 7b from line 7a)	7c	33138	9			38	38766			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
a Contributions received or receivable from: (1) Employers	8a(1)	180	0							
(2) Participants	8a(2)	2045								
(2) Others (including rollovers)	8a(3)		-							
b Other income (loss)	8b	5638	9							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-				78643			
d Benefits paid (including direct rollovers and insurance premiums	00						0010			
to provide benefits)	8d	2126	6							
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21266			
i Net income (loss) (subtract line 8h from line 8c)	8i					:	57377			
j Transfers to (from) the plan (see instructions)	8j									
b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions										
10 During the plan year:				Yes	No	Amo	unt			
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	-	10b		Х					
C 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?	•	•	10d		Х					
e 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 benefit	s under the plan? (See	10e		Х					
f Has the plan failed to provide any benefit when due under the plan	n?		4.04		Х					
			10f							
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	.)	-		Х					
 g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) 	See instructi	ons and 29 CFR	10g 10g 10h		x x					
h If this is an individual account plan, was there a blackout period? (See instructi	ons and 29 CFR 	10g							
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the second secon	See instructi	ons and 29 CFR 	10g 10h							
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	See instruction of the required not set of the require	ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X Iule SE		Yes 🗌 No			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	See instruction ne required no 1-3 ents? (If "Yes	ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X Iule SE		Yes 🗌 No			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 	See instruction re required not 1-3 ents? (If "Yes om Schedule	ons and 29 CFR otice or one of the s," see instructions and com	10g 10h 10i		X Iule SE		<u> </u>			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) 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 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year from the second s	See instruction re required no 1-3 ents? (If "Yes om Schedule requirements	ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code	10g 10h 10i		X Iule SE		<u>⊢</u>			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding 	See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabling amortized	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruct	10g 10h 10i plete e or se	ction :	X Iule SE 11a 302 of	ERISA?	Yes X No			
 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the unpaid minimum required contribution for current year fr 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a If a waiver of the minimum funding standard for a prior year is beir 	See instruction ne required no 1-3 ents? (If "Yes om Schedule requirements as applicabling amortized	ons and 29 CFR otice or one of the s," see instructions and com SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instruction	10g 10h 10i plete e or se	ction :	X Iule SE 11a 302 of enter th	ERISA?	Yes 🔀 No			

C	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?	Ye	es 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 🗙 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) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

Fo	orm 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089		
	erment of the Treasury ernal Revenue Service	e	2013						
	Department of Labor	This form is required to be filed Retirement Income Security Act of	8(a) of	This Fame !					
	Benefits Security Administration Benefit Guaranty Corporation	the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.							
Part I	Annual Report Id	Intification Information	ance with the histe		10-3F.				
For calen	dar plan year 2013 or fisc	al plan year beginning 09/01/201	3	and ending	08/31/	2014	·		
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	ant nlan		
B This re	eturn/report is:	the first return/report	the final return/report				ant plan		
			•	rn/report (less than 12 m	onthe	N N			
C Check	box if filing under:			initiepon (less than 12 m	onins				
O Check		special extension (enter descriptio	automatic extension			DFVC progra	m		
Part II	Regio Blog Inform		,						
1a Name		nation—enter all requested information	ation		45		······		
	E CHAMBER OF COMME				dr	Three-digit plan number			
DEELEVUL						(PN)	001		
					1c	Effective date of	plan		
					1	09/01/1			
2a Plans BELLEVUE	sponsor's name and addre	ess; include room or suite number (er RCE	mployer, if for a single	e-employer plan)	2b	Employer Identif			
						(EIN) 91-0533			
330 - 1127	HAVE. N.E., SUITE 100				20	Sponsor's telepl (425) 454			
	·				2d	d Business code (see instructio			
	, WA 98004 administrator's name and	address XSame as Plan Sponsor N	ame Same as Pla	n Sponsor Address	3h	813000 3b Administrator's EIN			
				n oponsor Address	30	Auministrator s E	-IIN		
					3c	Administrator's to	elephone number		
4 If the	name and/or EIN of the p	an sponsor has changed since the la	ast return/report filed f	or this plan, enter the	4b	EIN			
name	e, EIN, and the plan numb	er from the last return/report.							
	sor's name				<u>4c</u>	PN			
		the beginning of the plan year			5a		15		
		the end of the plan year			5b		13		
C Numb	per of participants with acc	count balances as of the end of the p	lan year (defined ben	efit plans do not					
		uring the plan year invested in elisible			5c		 		
b Arev	ou claiming a waiver of th	uring the plan year invested in eligible e annual examination and report of a	e asseis ((See Instruc in independent qualifi	ed public accountant (10			🗙 Yes 🗌 No		
unde	r 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility a	ind conditions.)				🕅 Yes 🗌 No		
lf you	answered "No" to eithe	er line 6a or line 6b, the plan canno	ot use Form 5500-SF	and must instead use	Form	5500.			
c If the	plan is a defined benefit p	lan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)? .		Yes No N	Not determined		
Caution:	A penalty for the late or i	incomplete filing of this return/rep	ort will be assessed						
Under pen	alties of periury and other	penalties set forth in the instructions	I declare that I have	examined this return/rer	se is	established.	bla a Cabadula		
SB or Sch	edule MB completed and true, correct, and completed	signed by an enrolled actuary, as we	I as the electronic ver	rsion of this return/report	, and t	to the best of my	knowledge and		
		0		X	0				
SIGN HERE	× marie	Patler	111-7-14	XJ MANEL.	· · · · · · · · · · · · · · · · · · ·				
	Signature of plan adm	inistrator	Date	Enter name of individe	lividual signing as plan administrator				
SIGN									
HERE	Signature of employed	r/plan sponsor	Date	Enter name of individu	ual sig	ning as employer	or plan sponsor		
Preparer's	name (including firm nam	ne, if applicable) and address; include	e room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	rt III Financial Information				_	_					
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	(b) End of Year				ear		
<u>a</u>	Total plan assets	. 7a	33138	9	388766						
b	Total plan liabilities	. 7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	33138	9		388766					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	-		
а	Contributions received or receivable from: (1) Employers	8a(1)	180	0		• • • •					
	(2) Participants	8a(2)	2045	4							
	(3) Others (including rollovers)	8a(3)			+-						
b	Other income (loss)	8b	5638	9							
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+				78643		
	Benefits paid (including direct rollovers and insurance premiums				+-				100-10		
	to provide benefits)	8d	2126	6							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							21266	,	
i	Net income (loss) (subtract line 8h from line 8c)	8i							57377	,	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>							· · · · ·		
-	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 instru	uctions):):		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in f	the instruc	tions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions 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.)	? (Do not	include transactions reported	10b		х				Ξ.	
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	fidelity bo	nd, that was caused by fraud			~				25000	
	or dishonesty?			10d		X			-	<u> </u>	
e	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 ben	efits under the plan? (See	10e		x					
f	Has the plan failed to provide any benefit when due under the plan			10f		x					
g											
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g	·	x x					
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided th	ne required	d notice or one of the	10h		<u>^</u>					
-	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i				_			
Part											
11 	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					dule SI	3 (Form	. [Yes	No	
	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	orse	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	ctions, th	, and e	enter ti Day	ne date of	the le Yea		ing	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule										
	Enter the minimum required contribution for this plan year										

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r = S - r

с	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 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		 י [] י	es 🛛 No
c	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	I3c(1) Name of plan(s):	3c(2) E	IN(s)	13	c (3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b T	rust's EIN		