

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEND CHAMBER OF COMMERCE</u> <u>1567 SW CHANDLER AVENUE, #204</u> <u>BEND, OR 97702</u>	1c Effective date of plan <u>01/01/2014</u> 2b Employer Identification Number (EIN) <u>46-7282940</u> 2c Plan Sponsor's telephone number <u>541-382-3221</u> 2d Business code (see instructions) <u>813000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/12/2025	KATY BROOKS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1643
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1643
	6a(2)	2035
	6b	0
	6c	0
	6d	2035
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 162488490

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 46-7282940

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

PROVIDENCE HEALTH PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0863097	95005	640XXX	3179	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 936937	(b) Total amount of fees paid 0
--	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNKNOWN
UNKNOWN
BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
603423	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHNSON BENEFIT PLANNING
550 NW FRANKLIN AVENUE, SUITE 378
BEND, OR 97703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
333514	0		3

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2024
v. 240311

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	17035227
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BEND CHAMBER OF COMMERCE	D Employer Identification Number (EIN) 46-7282940

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

OREGON DENTAL SERVICE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0438772	54941	100000070	897	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 27956	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNKNOWN
UNKNOWN
BEND, OR 97702

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17891	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CASCADE EAST BENEFITS, INC.
777 NW WALL STREET, SUITE 100
BEND, OR 97701

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10065	0		3

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule A (Form 5500) 2024
v. 240311

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	397808
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

DID NOT PROVIDE THE NAME AND ADDRESS FOR THE AGENT/BROKER.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

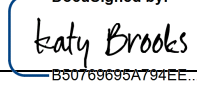
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CONTRACTOR EMPLOYERS EMPLOYEE BENEFIT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BEND CHAMBER OF COMMERCE</u></p> <p><u>1567 SW CHANDLER AVENUE, #204</u> <u>BEND, OR 97702</u></p>	<p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>46-7282940</u></p> <p>2c Plan Sponsor's telephone number <u>541-382-3221</u></p> <p>2d Business code (see instructions) <u>813000</u></p>

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

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

SIGN HERE	DocuSigned by:  Signature of plan administrator	5/12/2025 17:01:58 PDT Date	Katy Brooks Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1643
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1643
	6a(2)	2035
	6b	0
	6c	0
	6d	2035
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 2
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 000162488490

Contractors

BCOC MIKES FENCE CENTER INC MOBILE MIX	640001	930999916
BCOC SUNSET PLUMBING OF BEND INC	640002	931020325
BCOC TRI COUNTY PAVING LLC	640003	271681638
BCOC G5 INVESTMENTS LLC	640004	352174809
BCOC EASTERN OREGON HEATING AND AIR CONDITIONING	640005	271534198
BCOC RAHNS INC	640006	930639555
BCOC JUNIPER ENTERPRISES INC	640007	930824660
BCOC GREEN 4 EVER LANDSCAPING	640008	472636216
BCOC COVE ELECTRIC INC	640011	462658189
BCOC HYDRO MECHANICAL LLC	640013	203984099
BCOC 7 PEAKS PAVING	640017	274732224
BCOC PRESSURE POINT ROOFING INC	640018	931052886
BCOC BAILEY HEAVY EQUIPMENT REPAIR INC	640019	931298578
BCOC PENDLETON ELECTRIC	640020	930448174
BCOC SAGE RIDGE INC	640021	261782763
BCOC KGB ENTERPRISES INC	640022	810677801
BCOC KEETON KING CONTRACTING LLC	640023	455305844
BCOC RBE INC	640024	271369605
BCOC KELLCON INC	640025	475219919
BCOC GRIFFIN CONSTRUCTION LLC	640026	931283435
BCOC GRANT RYDER CONCRETE INC	640027	900237726
BCOC HANNAN CONSTRUCTION INC	640028	542169979
BCOC ROD ANDERSON CONSTRUCTION	640029	911778800
BCOC STATON COMPANIES	640030	930609882
BCOC DAVIS GLASS INC	640031	930654560
BCOC ER ELECTRIC SERVICE INC	640032	465507034
BCOC DCP INC	640034	364886715
BCOC TEMP RITE MECHANICAL LLC	640035	461593174
BCOC DIAMOND REFRIGERATION LLC	640036	461391126
BCOC TCS CONTRACT INC	640037	930946504
BCOC HAMPTONS INC	640038	930892862
BCOC SHELCO ELECTRIC INC	640039	930510131
BCOC DAN KAUFFMAN EXCAVATING INC	640040	931169148
BCOC NW CRANE SERVICE INC	640041	203553053
BCOC BEND RIGGING SUPPLY LLC	640045	200932718
BCOC NORTHWEST CABLE CORPORATION	640046	571167207
BCOC KERRY FULLER ENTERPRISES	640047	931017015
BCOC TRI COUNTY PLUMBING CONTRACTORS INC	640048	931260143
BCOC EMPIRE CONSTRUCTION & DEVELOPMENT LLC	640050	201692972
BCOC RICKABAUGH CONSTRUCTION LLC	640051	812374014
BCOC NEHALEM BAY READY MIX	640052	930592923
BCOC JKD CONSTRUCTION	640053	262169830
BCOC MOUNTAIN AIR INDOORS INC	640054	208901190
BCOC MOUNTAIN SKY INC	640056	010888740
BCOC FREEMAN ROCK INC	640057	300161016
BCOC A SHARP PAINTER LLC	640059	931251033

BCOC RUSSELL ANDERSON CONTRACTING LLC	640061	832956578
BCOC GORDONS HEATING AND COOLING	640064	651191811
BCOC LEADING EDGE STONE AND TILE LLC	640067	461681643
BCOC STEPHENS HEATING AND COOLING INC	640068	931246713
BCOC TWENTY TWO TWENTY NINE INC	640069	830528396
BCOC BEND CONCRETE SERVICES CO	640070	930816200
BCOC OVER THE TOP PLUMBING LLC	640073	814239590
BCOC GREEN THUMB INDUSTRIES INC	640074	261658408
BCOC LOTUS ELECTRIC LLC	640075	844176323
BCOC NORTH RIM ELECTRIC LLC	640076	473356167
BCOC MCLEAN CONCRETE CONSTRUCTION LLC	640078	474077087
BCOC LINNIUS LLC	640079	823140127
BCOC HEIDTKE INC	640080	931128741
BCOC JOSEPH ELECTRIC INC	640082	993696105
BCOC PRINEVILLE HEATING & COOLING INC	640083	931123633
BCOC BETWEEN THE BOARDS LLC	640084	823691262
BCOC MORRIS PLUMBING LLC	640085	992330910
BCOC BROWN BEAR MASONRY LLC	640087	800590427
BCOC DESHUTES PLUMBING CO LLC	640088	832820786
BCOC I PLUMBING INC	640089	474521213
BCOC OAKS ENTERPRISES INC	640090	930739806
BCOC OLAF & COMPANY LLC	640091	472652000
BCOC HANS ANDERSEN & SON LANDSCAPING INC	640092	911752421
BCOC R 2 CONTRACTORS INC	640093	263775266
BCOC OWENS ASPHALT LLC	640094	844482503
BCOC SUN FOREST CONSTRUCTION LTD	640095	930782547
BCOC LYON HOLDINGS INC	640097	320410043
BCOC ROCK SUPREMACY LLC	640098	483842081
BCOC BRIGHT SERVICES LLC	640100	871471085
BCOC JP MECHANICAL INC	640101	464088722
BCOC RELSON CONTRACTING	640102	812002561
BCOC BLANKENSHIP BUILDERS	640103	753014975
BCOC DRG ENTERPRISES INC	640104	204810160
BCOC TOWNSEND HOLDINGS INC	640106	931275632
BCOC CLEARVIEW BUILDERS INC	640107	931247036
BCOC GORDONS ELECTRIC AND HEATING	640108	930642635
BCOC BULK MATERIALS INC	640109	680516209
BCOC TEWALT AND SONS INC	640110	931254001
BCOC IMAGINE STONEWORKS	640111	412099269
BCOC LINDSAY DEVELOPMENT LLC	640113	202826225
BCOC CENTERLINE DRILLING INC	640114	472467367
BCOC BARTLETT EXCAVATION & CONSTRUCTION LLC	640115	843918026
BCOC SMITH FIVE ELECTRIC LLC	640116	473665791
BCOC SILVER CREEK CONTRACTING LLC	640117	464327209
BCOC KRONBERG ELECTRIC INC	640118	911780659
BCOC ROCK ENTERPRISES INC	640119	462252805
BCOC ADVANCED SECURITY & ELECTRICAL TECH INC	640120	432116301

BCOC FORMA BUILDERS LLC	640121	831116082
BCOC KEVIN SPENCER MASONRY	640122	930871974
BCOC WADE ROGERS EXCAVATION LLC	640123	271805993
BCOC CENTRAL OREGON GLASS INC	640124	274711303
BCOC WOODHILL HOMES INC	640125	200787387
BCOC EMPIRE STEEL WORKS	640126	851595104
BCOC PATRIOT SERVICES LLC	640127	872548578
BCOC WELBUILT HOMES INC	640128	874527558
BCOC CASCADE CIVIL CORP	640130	833713350
BCOC JR FAULKNER EXCAVATION II INC	640131	870795027
BCOC WILSON CURB INC	640132	364346467
BCOC CASEY JONES WELL DRILLING CO INC	640136	930558963
BCOC ACW INC	640137	931167813
BCOC MELTEBEKE CONSTRUCTION	640139	930595077
BCOC MCGRAW INDUSTRIES	640140	930913698
BCOC ELECTRICAL PROFESSIONAL SERVICES INC	640142	264137859
BCOC MONTGOMERY HEATING & AIR CONDITIONING INC	640143	205261741
BCOC SCHELKYS LANDSCAPE AND IRRIGATION INC	640144	931132684
BCOC S STONE WORKS INTERNATIONAL INC	640145	680516425
BCOC S BLACK PEARL EXCAVATING	640146	271410915
BCOC MCDIARMID CONTROLS INC	640147	930751985
BCOC MID STATE INDUSTRIAL SERVICE	640148	870861494
BCOC SPOT ON SEPTIC LLC	640150	873784876
BCOC NW ROOFING & SIDING PROS	640151	811777257
BCOC ALL PHASE ELECTRIC SERVICE INC	640152	991879064
BCOC CENTRAL SERVICE INC	640154	452452411
BCOC MSW CO	640155	263815654
BCOC VERHEYDEN WORKS	640156	463081083
BCOC RIVER ROOFING BEND LLC	640157	931259656
BCOC GRIZZLY MOUNTAIN EXCAVATION LLC	640158	571233596
BCOC MASTERS OF DISASTER LLC	640159	844649377
BCOC BEND ELECTRIC INC	640160	550848041
BCOC HENDON CONSTRUCTION CO IN	640161	931076163
BCOC WIDNER ELECTRIC AND INDUSTRIAL INC	640162	930660031
BCOC MCCORMACK CONSTRUCTION	640163	930221433
BCOC KUENZI ELECTRIC	640164	10717356
BCOC BC MECHANICAL LLC	640165	273534506
BCOC PHOENIX ASPHALT MAINTENANCE CO	640166	931308316
BCOC ACCUAIR INC	640167	364619551
BCOC JB STEEL	640168	931251501
BCOC TOTAL HOME SOLUTIONS	640169	811044699
BCOC CENTRAL CASCADE EXCAVATION CO	640170	930526484
BCOC FS UNLIMITED	640171	141962290
BCOC TECHNOLOGY DESIGN ASSOCIATES	640173	274665696
BCOC BENDER MECHANICAL SERVICES INC	640174	412105761
BCOC INDUSTRIAL COMMERCIAL ELECTRIC	640175	870741338
BCOC JOSHUA LEGACY PAINTING	640176	471400181

BCOC C4 PLUMBING LLC	640177	863924939
BCOC SHAMROCK NORTHWEST CONSTRUCTION LLC	640178	275495816
BCOC VERN SAMPOLS LANDSCAPING	640179	201153011
BCOC STANS HEATING	640180	260703075
BCOC KIPCO CONSTRUCTION LLC	640181	464996780
BCOC SMITH ROCK ELECTRIC LLC	640182	811117937
BCOC BUILDERS ELECTRIC INC	640183	930496538
BCOC HAWKINS ELECTRIC LLC	640184	272751361
BCOC MID COLUMBIA CONCRETE	640185	882099124
BCOC ARBOR BUILDERS LLC	640186	383746318
BCOC PACIFIC NORTHWEST HYDRO LLC	640187	873511853
BCOC D AND T JOHNSON ELECTRIC	640188	731642428
BCOC WB PAINTING AND DECORATING INC	640189	931215473
BCOC MCKENZIE COMMERCIAL CONTRACTORS	640190	930844841
BCOC PERRINE INDUSTRIAL ELECTRICIANS INC	640191	930474731
BCOC ERICS TREE SERVICE LLC	640192	562452745
BCOC DESCHUTES HOME RENOVATIONS	640193	933777330
BCOC LEE BUILT CONSTRUCTION CO	640194	931331554
BCOC MOUNTAIN HIGH BUILDERS INC	640195	202015936
BCOC TIMBERLINE CONSTRUCTION OF BEND LLC	640196	383769901
BCOC EAGLE MOUNTAIN CONSTRUCTION INC	640197	930730843
BCOC JOHN HYLAND CONSTRUCTION INC	640198	930713989
BCOC LITTLE JOHNS PORTABLE TOILETS	640199	823084044
BCOC SIERRA JAMES CONSTRUCTION LLC	640200	821624358
BCOC NEW ERA GRANITE INC	640201	462993116
BCOC CAMERON MCCARTHY LANDSCAPE ARCHITECTURE	640202	930938214
BCOC SUNSET ELECTRIC INC	640203	270084511
BCOC COMMERCIAL INTERIOR CONTRACTORS INC	640204	931063285
BCOC G A W INC	640205	930912409
BCOC MACADAM FLOOR AND DESIGN	640206	461557232
BCOC SAXON ENTERPRISES	640207	364647322
BCOC HOME COMFORT	640208	931086954
BCOC CENTRAL COAST READY MIX	640209	931199997
BCOC ALLEN AND LAPORTE GENERAL CONTRACTING	640210	931014429
BCOC SMOKN GINGERS LLC	640211	883505780
BCOC SISTERS GLASS AND MIRROR	640212	874063203
BCOC FOUR SEASONS HEATING AND AIR CONDITIONING INC	640213	931135757
BCOC Staton Companies	640214	930609882
BCOC STONE ROOFING AND CONSTRUCTION INC	640215	464460423
BCOC INFINITY ELECTRICAL CONTRACTORS INC	640216	471718616
BCOC VERNAM CRANE SERVICE INC	640217	510508319
BCOC PILOT ROCK EXCAVATION INC	640218	200217366
BCOC SPORT COURT OF OREGON	640219	921017579
BCOC NW CIVIL CONSTRUCTION LLC	640220	990463708
BCOC SISKIYOU PUMP SERVICE	640221	931287970
BCOC DAVE RUSH CONSTRUCTION	640222	473264062
BCOC FLATWORX CONCRETE INC	640223	463726822

BCOC MAC CONTRACTORS	640224	931970330
BCOC DESCHUTES ELECTRIC LLC	640225	874433018
BCOC BULLS EYE DIRECTIONAL BORING	640226	931304578
BCOC EAGLE CAP JOSEPH ELECTRIC INC	640227	993696105
BCOC CASCADE PUMP AND IRRIGATION	640228	931285732
BCOC REINWALD ELECTRIC LLC	640229	262675563
BCOC MIGHTY DOG ROOFING OF WEST PORTLAND	640230	933909039
BCOC PRINEVILLE READY MIX	640232	831966579
BCOC VISTA PLUMBING	640233	901252173
BCOC RAINBOW VALLEY DESIGN AND CONSTRUCTION	640235	930966856
BCOC DESCHUTES CUSTOM HOMES	640236	881151038
BCOC NORMS ELECTRIC INC	640237	930969942