	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service This form is required to be filed				Plan	2010						
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	Act of 1974	1974 (ERISA), and section 6058(a) of the enue Code (the Code). This Form is Open to							
Ρ	ension Benefit Guaranty Corporation	0-SF.	Inspection								
	Period Density Columnation       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information										
	calendar plan year 2010 or fisca	al plan year beginning 01/01/201		g	2/31/2						
	This return/report is for:			mployer plan (not multiemployer)		one-participant plan					
Β.	This return/report is for:	first return/report	final retur	·							
-		an amended return/report		year return/report (less than 12 mo	nths)	<b>—</b>					
C	Check box if filing under:	Form 5558		extension		DFVC program					
De	special extension (enter description)										
-	ITT II Basic Plan Inform	nation—enter all requested inform	ation		1b	Three-digit					
	RETIREMENT SAVINGS PLAN					plan number 001					
					_	(PN) ►					
					1c	Effective date of plan 01/01/2002					
	Plan sponsor's name and addre RWEST BENEFIT CONSULTA	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1055754					
	1TH AVE., STE. B				2c	Plan sponsor's telephone number 360-425-1426					
LON	GVIEW, WÁ 98632				2d	Business code (see instructions) 541990					
3a INTE	Plan administrator's name and RWEST BENEFIT CONSULTA	address (if same as Plan sponsor, e			3b	3b Administrator's EIN 91-1055754					
		LONGVIEW,	WA 98632	2	<b>3c</b> Administrator's telephone number 360-425-1426						
		n sponsor has changed since the la		port filed for this plan, enter the	4b	EIN					
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	or's name		4c	DN					
5a	Total number of participants at	the beginning of the plan year			<del>4</del> с 5а	5					
b		the end of the plan year			5a 5b	5					
	Total number of participants wi	th account balances as of the end of				5					
60	complete this item)	uring the plan year invested in eligib		(Cap instructions )	5c	Yes No					
		e annual examination and report of		. ,	 PA)						
	under 29 CFR 2520.104-46? (	See instructions on waiver eligibility	and conditi	ons.)	·····	Yes No					
Pa	If you answered "No" to eith rt III Financial Informa	er 6a or 6b, the plan cannot use Fe	orm 5500-	SF and must instead use Form 55	00.						
<u>га</u> 7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
'a			. 7a	(a) Deginning of Teal 914293	3	1049585					
b	•										
С	Net plan assets (subtract line 7	b from line 7a)	7c	914293	3	1049585					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei		86(4)	17012							
			8a(1)	30277	_						
			8a(2) 8a(3)		-						
b	., ,			94378	3						
c		8a(2), 8a(3), and 8b)	-			141667					
d	Benefits paid (including direct r	ollovers and insurance premiums		6375	5						
^	· ,	ivo distributions (soo instructions)	8d								
e f		ive distributions (see instructions) s (salaries, fees, commissions)	8e 8f								
g	•	s (salaries, rees, commissions)	80 80								
9 h	•	3e, 8f, and 8g)	8h			6375					
i		8h from line 8c)				135292					
j		e instructions)									

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

## 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 2K 2R 3D 2G 2J
- **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							
10	During the plan year:		Yes No			Amount		
а	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		×				
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	Х				1	00000
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		Х				
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		Х				
f	Has 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				
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						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr 5500))					י []	Yes	X No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)         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 granting the waiver.         Month       Day         If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.         b Enter the minimum required contribution for this plan year.         C Enter the amount contributed by the employer to the plan for this plan year.         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)								
е	<ul><li>Will the minimum funding amount reported on line 12d be met by the funding deadline?</li></ul>				Yes	No	Π	N/A
Part								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	× No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			L	
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control							
of the PBGC?								
13c(1) Name of plan(s):				<b>:(2)</b> El	N(s)	13	ic(3) i	PN(s)
	on: A populsy for the late or incomplete filing of this return/report will be accessed unless reasonab							

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	02/21/2011	DENISE J. GABEL
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/21/2011	DENISE J. GABEL
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF		Short Form Annual Return/Report of Small Employee Benefit Plan					OMB Nos. 1210- 1210-			
		This form is required to be filed under sections 104 and 4065 of the Employee					2	010		
Emp	Department of Labor ployage Bonofits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).				This Form is Open to Pub Inspection				
P	ension Benefit Quaranty Corporation									
		dentification Information	<u></u>	(0010 and and a		0/21	/2010	0.08		
For	the calendar plan year 2010 or r			/2010 and ending						
Α.	This return/report is for:	x single-employer plan		ployer plan (not multlemployer)		_ pr	e-participal	nt plan		
B	This return/report is for:	first return/report	final return/	•						
		an amended return/report	short plan y	/ear return/report (less than 12 mor	nths)	-				
C	Check box if filing under:	Form 5558	automatic e	extension			PVC progra	m		
		special extension (enter description	on)							
R	Basic Plan Infor	mation enter all requested int	formation.							
1a	Name of plan				1b		is⊶cligit number			
	IBC Retirement Savin	ga Plan			1	(PN		001		
					1c		tive date o 01/2002			
_										
2a	· · · · · · · · · · · · · · · · · · ·	ess (employer, if for single-employer	r plan)				icyeridenti  ) 91-10	fication Number 55754		
	Interwest Benefit Co	moultants, inc.			2c			elephone number		
	959 11th Ave., Ste.	в					0) 425-			
បទ	Longview	WA 98632			2d		1995 code   990	(see instructions)		
3a	Plan administrator's name and address (If same as plan employer, enter "Same")						inistrators	EIN		
	Same									
					3c	Adm	ministrator's telephone number			
					and some some in the second some second some some some some					
4		lan sponsor has changed since the l	oot rotum/rooo	t filed for this plan, optor the	4	EIN				
4		or from the last return/report. Sponso		t neu lor uns plan, enter ure		40 EN				
<b>F</b> =					40 . 5a	PN				
ъа b	Total number of participants at the beginning of the plan year							<u>5</u>		
č		the end of the plan year			. <u>5b</u>			<u>_</u>		
_		. <i>. .</i>			. 5c			5		
	•	iring the plan year invested in eligible	•		•••	• •		XYes No		
b		e annual examination and report of a See lostructions on waiver eligibility s						XYes No		
under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)										
	Financial Inform	nation								
7	Plan Assets and Liabilities		Ada Sandin Sound	(a) Beginning of Year		······································	(b) End	of Year		
а	Total plan assets		7a	914,293	,			1,049,585		
b	Total plan llabilities		75							
с	Net plan assets (subtract line 7	b from line 7a) 🧳	7c	914,293				1,049,505		
8	Income, Expenses, and Transfe			(a) Amount			(b)	Total		
а	Contributions received or receiv		<u> </u>		200		限器制度			
	(1) Employers	• • • • · · · · · · · ·	<u>8a(1)</u>	17,012	0.0%	副調				
	(2) Participants		<u>_8a(2)</u>	30,277						
le.	<ul> <li>(3) Others (including rollovers)</li> <li>Others increase (lass)</li> </ul>		8a(3)							
ь -	Other income (loss)		<u>8b</u>	94,376	999-59 1997-59	966969	n), (1960), (1960) (1970)	waren der		
d	+	a(2), 8a(3), and 8b)	<u>8c</u>		oria 1997		141,66'			
~	to provide benefits)			6,375						
e f		s (sataries, fees, commissions)		, · · · · · · · · · · · · · · · · · · ·						
g	Other expenses	s (selenes, leas, commissions)								
					1998) 1998)	9.4 <u>75.</u>	(SSECTION COLOR	6,375		
h 1	Total expenses (add lines 8d, 8 Net income (loss) (subject line		8h 8l	an a	rasatak Satemái Kattalia			135,292		
i		e instructions)		anene esteren her de la de la desta de La desta de la d	1,100,000	353056				
-		atice and OMB Control Numbers		illiona for Ferra 5500 SF	1221	<u></u>	المتشيب بالمتعاصين والمتراجع والم	orm 5500-SE (2010)		

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

Form 5500-SF (2010)

	Form 5500-SF 2010 Page 2-		_				
Par	Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characterit	stic Co	des in	the ins	tructions:		
h.	2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characterist	ic Cod	os io i	he lost	uctions		
D	If the plan provides welfare benefits, enter the applicable welfare teache coules north the List of Plan Characteria		ea in t				
Par	t Compliance Questions		-				
10	During the plan year:		Yes	No	Ап	nount	
а	Was there a failure to transmit to the plan any participant contribution within the time period described in	10a		x			
ь	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Flduciary Correction Program) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported						
	on line 10s.)	10ь		x			
с	Was the plan covered by a fidelity bond?	10c	x			1	.00,000
ď	Did the plan have a loss, whether or not reimburged by the plan's fidelity bond, that was caused by fraud			x			
	or dishonesty?	10d	<u> </u>	<b></b>			
ę	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier,				· ·		
	Insurance services 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			
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	1	x			
g h				1			
	2520.101-3.)	10h	ļ	x		acesta const	
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	101					21.271 (1993) 1997 - 1997 (1997) 1997 - 1997 (1997)
Par	M Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comple 5500))	te Sch	edule	SB (Fo	""	∐Yes	XNo
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or	section	1 302	of ERIS	A,?	∐ Yes	XNo
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction	ns, and	i ente	r the da	te of the letter	ruling	
14	granting the waiver	nth		Day	Y	ear	
b			.Γ	12b			
c			Ì	12c			
d		a	ſ	12d			
	negative amount)	•••	• L	120	( <b>***</b> **		
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •	• •	. <u></u>	Yes [	No	∐N/A
Par	Plan Terminations and Transfers of Assets						
13a		•••	· • г		r <u>' · · ·</u> ·	Yes	IX INO
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••	· ·	13a			
b						Yes	X No
c	and the second	olan(s)	to				
	13c(1) Name of plan(s):		1	3c(2) 🗄	lin(s)	13c(3)	PN(ş)
_			Jr. or	tablit II		<u> </u>	
	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable or penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/re					hodulo	
ŞB ç	r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/repo	t, and	to the	best ci	rny knowledg	e and	
Delie	f, it is true correct, and complete.	<b>n</b> - 1	1				
100.002017	SN Construct Denise J. Denise J.			ino ar	ماعم عظمنونه	rator	
Shipsity				19 85			
- 10 M				lnc cr			
079 <b>0</b> 9	RES Signature of employer/plan sponsor Date C // 7/// Enter name of in	aiviau	ଧା ରାମ୍ପା	៣ម្នុខន	simployer of p	nan apons	<u>.</u>