_	rm 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	f Small Employ	/ee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		nd 4065 of the Employee	e	2012
	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		tions 6057(b) and 6058		This Form is Open to Public
Pension Be	enefit Guaranty Corporation	Complete all entries in accordation	,	,)-SF.	Inspection
Part I		entification Information				÷
For calend	ar plan year 2012 or fisca	_		and ending 12	2/31/2	2012
A This ret	turn/report is for:	a single-employer plan	multiple-employer pla	an (not multiemployer)		a one-participant plan
B This ret	turn/report is:	the first return/report	he final return/report			
		an amended return/report	short plan year return	/report (less than 12 mc	onths)	·
C Check	box if filing under:	Form 5558	utomatic extension			DFVC program
		special extension (enter description)				
Part II		nation—enter all requested informati	ion			
1a Name	•				1b	Three-digit plan number
IBC RETIRE	MENT SAVINGS PLAN					(PN) ▶ 001
					1c	Effective date of plan
						01/01/2002
	ponsor's name and addre	ess; include room or suite number (em NTS, INC.	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1055754
959 11TH A	VE., STE. B				2c	Sponsor's telephone number 360-425-1426
LONGVIEW	, WA 98632				2d	Business code (see instructions) 541990
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's EIN
					3c	Administrator's telephone number
		lan sponsor has changed since the las	st return/report filed fo	r this plan, enter the	4b	EIN
	, Ein, and the plan humb or's name	er from the last return/report.			4c	PN
· _ ·		the beginning of the plan year			5a	6
		the end of the plan year		-	5b	5
C Numb	er of participants with ac	count balances as of the end of the pla	an year (defined bene	fit plans do not		
comp	lete this item)	·			5c	5
	•	uring the plan year invested in eligible	,	,		X Yes No
under	29 CFR 2520.104-46? (e annual examination and report of an See instructions on waiver eligibility an	d conditions.)	· · · · · · · · · · · · · · · · · · ·	····	
		er line 6a or line 6b, the plan cannot				
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/repo r penalties set forth in the instructions, signed by an enrolled actuary, as well te.	I declare that I have e	examined this return/rep	ort, ir	ncluding, if applicable, a Schedule
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2013	DENISE J. GABEL		
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ial sig	ning as plan administrator
SIGN	Filed with authorized/va	lid electronic signature.	06/13/2013	DENISE J. GABEL		
HERE	Signature of employe		Date			ning as employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address; include	room or suite number	· (optional)	Prep	arer's telephone number (optional)

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year
а	Total plan assets	7a	107360	4			1218000
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	107360	4			1218000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:	80(1)	1896	2			
	(1) Employers	8a(1) 8a(2)	3634				
	(3) Others (including rollovers)	8a(3)	0004	0			
	Other income (loss)	8b	16353	5	_		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80	10000	5			218837
-	Benefits paid (including direct rollovers and insurance premiums	00			_		210037
	to provide benefits)	8d	7444	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					74441
i	Net income (loss) (subtract line 8h from line 8c)	8i					144396
j	Transfers to (from) the plan (see instructions)	8j					
b	2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions:
Part					Yes	Na	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within t	he time period described in		res	No	Amount
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion 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		110000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		x	
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 benefit	s under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	I.)	10q		Х	
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 th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
	Enter the amount from Schedule SB line 39					11a	
11a		<u></u>					
	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of I	ERISA? Yes 🗙 No
		requirement	s of section 412 of the Code	e or se	ection (302 of I	ERISA? Yes X No
12	Is this a defined contribution plan subject to the minimum funding	requirement as applicabl	s of section 412 of the Code e.) in this plan year, see instruc	ctions			·
12 а	Is this a defined contribution plan subject to the minimum funding (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 bein	requirement as applicabl ng amortized	s of section 412 of the Code e.) in this plan year, see instructionMon	ctions		enter th	e date of the letter ruling

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n 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)			

14a Name of trust	14b Trust's EIN

					,	
Form 5500-SF	Short Form Annual R	eturn/Report Benefit Plan	of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
Internal Revenue Service	This form is required to be file	d under sections 104	and 4065 of the Employee	÷		2012
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act c	of 1974 (ERISA), and al Revenue Code (the	section 6057(b) and 6058(Code).	(a) of	This Form	is Open to Public
Pension Benefit Guaranty Corporation	Complete all entries in accor			D-SF.	ir ir	spection
	Identification Information				<u> </u>	
For calendar plan year 2012 or fisca	l plan year beginning	01/01/2012	and ending	12	2/31/2012	
A This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer)	[a one-particip	ant plan
B This return/report is:	the first return/report	the final return/report	t ,			
	an amended return/report	a short plan year retu	urn/report (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	automatic extension		[DFVC progra	m
	special extension (enter description)					
Part II Basic Plan Infor	mation enter all requested inform	nation	·			· · · · · · · · · · · · · · · · · · ·
aName of plan			·····	-1b-	Three-digit	
IBC Retirement Savi	ngs Plan				plan-númber (PN) ►	001
	-				Effective date of	
					01/01/2002	
2 Plan sponsor's name and address Interwest Benefit Comparison	ess; include room or suite number (emp onsultants , Inc .	loyer, if for a single-e	mployer plan)	£	Employer Identif	
	,				(EIN) 91-10	·
959 11th Ave., Ste.	В				Sponsor's teleph (360) 425-:	1426
	WA 98632				Business code (: 541990	see instructions)
	address 🛛 🕱 Same as Plan Sponsor	Name 🔲 Same as	Plan Sponsor Address		Administrator's E	IN
3a Plan administrator's name and a final field of the field of the plan administrator's name and a field of the plan administrator's name and/or EIN of the plan administrator's name and a field of the plan administrator's name administrat	an sponsor has changed since the last				Administrator's te	
3a Plan administrator's name and a	an sponsor has changed since the last			3c /	Administrator's te	
 a Plan administrator's name and a If the name and/or EIN of the pl name, EIN, and the plan numbe a Sponsor's name a Total number of participants at t 	an sponsor has changed since the last ar from the last return/report. The beginning of the plan year			3c / 4b E	Administrator's te	
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 a Plan administrator's name and a lift the name and/or EIN of the planame, EIN, and the plan numbe a Sponsor's name a Total number of participants at to Total number of participants with acc complete this item) a Were all of the plan's assets dual Are you claiming a waiver of the 	an sponsor has changed since the last er from the last return/report. The beginning of the plan year the end of the plan year ount balances as of the end of the plan	return/report filed for year (defined benefit sets? (See instructior dependent qualified p conditions)	this plan, enter the plans do not ts.) ublic accountant (IQPA)	3c / 4b E 4c F 5a 5b 5c	Administrator's te	elephone number 6 5 5 5 X Yes No
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 a Plan administrator's name and a lift the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at t to Total number of participants with accomplete this item) a Were all of the plan's assets due to Are you claiming a waiver of the under 29 CFR 2520.104-46? (So If you answered "No" to eithe Staution: A penalty for the late or Dinder penalties of perjury and other is or Schedule MB complete dand selief, it is true, cocrect, and complete Signature of plan administrator's name and a standard selief. 	an sponsor has changed since the last er from the last return/report. The beginning of the plan year the end of the plan year ount balances as of the end of the plan ring the plan year invested in eligible as annual examination and report of an invest e instructions on waiver eligibility and or line 6a or line 6b, the plan cannot u incomplete filing of this return/repor penalties set forth in the instructions, I of signed by an enrolled actuary, as well as the strator	return/report filed for year (defined benefit sets? (See instruction dependent qualified p conditions.) use Form 5500-SF a rt will be assessed u declare that I have ex s the electronic versio Date	this plan, enter the plans do not ublic accountant (IQPA) nd must instead use For inless reasonable cause amined this return/report, i n of this return/report, and Denise J. Gabel Enter name of individual s	3c A 4b E 4c F 5a 5b 5c is esta ncluding to the b	Administrator's te	6 5 5 ∑Yes ∏No ∑Yes ∏No Schedule adge and
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Form 5500-SF 2012

新	an III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End	of Vear
а	Total plan assets	7a	1,073,0		+-	1,218,000		
b	Total plan liabilities	75						1,210,000
С	Net plan assets (subtract line 7b from line 7a)	70	1,073,6	504				1 218 000
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	104	+		(h) 1	1,218,000 Fotal
а	Contributions received or receivable from:	Physic Works Marchine		-		1873 D	(#/ ·	
	(1) Employers	8a(1)	18,9) 62				en Al Salasha ang kang ana Panalan Managari Manana Managari Manana
	(2) Participants	8a(2)	36,3	340				
-	(3) Others (including rollovers)	8a(3)						
	Other income (loss)	8b	163,5	35		327		
C d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Maria da Santa da Sa Santa da Santa da Sant	$\mathcal{D} \in \mathcal{M}$		-		218,837
u	to provide benefits)	8d	74,4	41	_		$r \sim g r_{\rm eff}$	
е	Certain deemed and/or corrective distributions (see instructions)	80			- 22		net Velation V	<u>Bernor</u> Grandstar
	Administrative service providers (salaries, fees, commissions)	8f		0		fastili i sa Tabuti		
	Other expenses	8g		0	5444 56	6 8 - Hose (7. 177) (1. 177)	<u>an an a</u>	nan an
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		rin di pro	100000 201		antan da kata kata kata kata kata kata kata k	74,441
	Net income (loss) (subtract line 8h from line 8c)			uraan Refer				144,396
	Transfers to (from) the plan (see instructions)	8j	NAMES AND ADDRESS OF A DESCRIPTION OF THE PARTY OF A DESCRIPTION OF A	an rifter	24 新聞	14 A S	9.44 MAR	
229 23659265	ntil Plan Characteristics	j			<u>160066</u>	TARK STA		ananta yang dalah Kirja.
d	If the plan provides pension benefits, enter the applicable pension features 2E 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare feature ft W Compliance Questions		· · · · · · · · · · · · · · · · · · ·					· · ·
(_				T		
<u>10</u> a	During the plan year:				Yes	No	·	Amount
a	Was there a failure to transmit to the plan any participant contributions	s within the				1		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correctio	n Program)	10a	Ĺ	x	 	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	y Correctia 10 not inclu	n Program)	10a		x x		
b c	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond?	y Correctia o not inclu	n Program)	1	x			110,000
	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelify bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel	y Correction to not inclu	de transactions reported	10b 10c	x	x	 	110,000
C	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty? Were any fees or commisions paid to any brokers, agents, or other pe	y Correctio to not inclu lity bond, the ersons by a	n Program) de transactions reported 	10b	x			110,000
c d	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	y Correctio to not inclu lity bond, the ersons by a benefits L	n Program) de transactions reported 	10b 10c	x	x		110,000
c d	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty? Were any fees or commisions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the	y Correctio to not inclu lity bond, the ersons by a benefits L	n Program) de transactions reported 	10b 10c 10d	x	x		110,000
c d	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)	y Correction to not inclu ity bond, the ersons by a benefits u	n Program) de transactions reported nat was caused by fraud n insurance carrier, inder the plan? (See	10b 10c 10d 10e 10f	X	x x x x		110,000
c d e f	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty? Were any fees or commisions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of y if this is an individual account plan, was there a blackout period? (See	y Correction to not inclu lity bond, th persons by a benefits u year end.) t instructior	In Program) de transactions reported mat was caused by fraud in insurance carrier, inder the plan? (See 	10b 10c 10d 10e 10f 10g	x	x x x x x x		110,000
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c d e f g h i 11 11a 11a 12 a	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty? Were any fees or commisions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of y If this is an individual account plan, was there a blackout period? (See 2520.101-3.) If this is an individual account plan, was there a blackout period? (See 2520.101-3.) If this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) Enter the amount from Schedule SB line 39 Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as a If a waiver of the minimum funding standard for a prior year is being an granting the waiver	y Correction to not inclu- lity bond, the ersons by a se benefits u year end.) e instruction quired-noti se? (If "Yes, irrements c applicable.) nortized in B (Form 5 4	In Program) de transactions reported in transactions reported in transactions reported in insurance carrier, inder the plan? (See Instructions and 29 CFR is ee instructions and complete if section 412 of the Code or second this plan year, see instructions, Mon	10b 10c 10d 10e 10f 10g 10h 10h 10i Sche ction :	dute S	X X X X X X X X SB (For 11a ERIS/	m	Yes X No

Page **2**

Form 5500-SF 2012	Page 3-		
 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 mount in line 12c from the amount in line 12b. 		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	a minus sign to the left of a	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadling dead	line?		Yes No N/A
art MI Plan Terminations and Transfers of Assets			
Has a resolution to terminate the plan been adopted in any plan year?		·····	es X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or boosticipation transformed to		13a	
of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to and which assets or liabilities were transferred. (See instructions.)	other plan(s), identify the plan	(s) to	
13c(1) Name of plan(s):		40-70 511	
			(s) 13c(3) PN(s)
itt VIII Trust Information (optional)			
a Name of trust	<u> </u>		
		14b ⊤	rust's EIN
1 1 1			
· · · · · · · · · · · · · · · · · · ·	··· ··· ········		