Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	• •	Complete all entries in accord	ance with the instruc	tions to the Form 550	<i>J</i> U-5F.		
Part I	Annual Report	Identification Information					
For calend	lar plan year 2013 or fis	scal plan year beginning 01/01/2013	1	and ending	12/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 m	nonths))	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	-	special extension (enter description	٦)			_	
Part II	Basic Plan Info	rmation—enter all requested informa	tion				
1a Name		·			1b	Three-digit	
IBC RETIRE	EMENT SAVINGS PLAI	N				plan number	
					4-	(PN) •	001
					1C	Effective date of 01/01/	
	sponsor's name and add	dress; include room or suite number (er TANTS, INC.	nployer, if for a single-	employer plan)	2b	Employer Identif	
					2c	Sponsor's telep	hone number
	VE., STE. B					360-425	
LONGVIEW	/, WA 98632				2d	Business code (54199	
3a Plan a	administrator's name an	d address XSame as Plan Sponsor Na	ame Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	elephone number
							•
4							
		e plan sponsor has changed since the la nber from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN	
	sor's name	inder from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		6
b Total	number of participants	at the end of the plan year			5b		6
		account balances as of the end of the p	• •	•	. 5c		6
	- '	during the plan year invested in eligible			- 1		X Yes □ No
		the annual examination and report of a					
		(See instructions on waiver eligibility a					X Yes No
		ther line 6a or line 6b, the plan canno					-
C If the	plan is a defined benefi	it plan, is it covered under the PBGC ins	surance program (see	ERISA section 4021)?		Yes No	Not determined
Caution:	A penalty for the late of	or incomplete filing of this return/rep	ort will be assessed	unless reasonable ca	use is	established.	
	· · · · · · · · · · · · · · · · · · ·	ner penalties set forth in the instructions					able, a Schedule
SB or Sch		nd signed by an enrolled actuary, as we					
SIGN	Filed with authorized/v	valid electronic signature.					
HERE	Signature of plan administrator Date Enter name of individu			dual sig	gning as plan adn	ninistrator	
SIGN							
HERE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	dual sic	ning as emplove	r or plan sponsor
Preparer's		ame, if applicable) and address; include					number (optional)
	-						•

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End o	of Voc			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella (3615		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	121800	0				152	3615		
	Income, Expenses, and Transfers for this Plan Year	70					(b) T				
	Contributions received or receivable from:		(a) Amount				(b) To	itai			
	(1) Employers	8a(1)	2058	2							
	(2) Participants	8a(2)	3761	9							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	24741	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						305	5615		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
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							0		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						30	5615		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	, oj									
9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ns:			
	 									—	
Par							1				
10	During the plan year:				Yes	No	,	Amou	ınt		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X				1	1600	000
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	of the ben	efits under the plan? (See	١		X					
	instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a				<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		,				EDICAS	П	Yes	X	No
12	Is this a defined contribution plan subject to the minimum funding			or se	cuon	3U∠ 0f	EKISA!	Ш	1 62	^	INU
	(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			ctions	and a	enter th	l ne date of th	ام ام	er ruli	na	
	granting the waiver.		Mon		, այս (Day		Year	or ruil	y	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				г				
	Enter the minimum required contribution for this plan year				1	12b					

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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 N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	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 coof the PBGC?	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

SÉ	Annual Report Identification Information	iance with the instru	ictions to the Form 5500	J-SF.	
	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/	2013
Α	This return/report is for: 💢 a single-employer plan	a multiple-employer p	lan (not multiemployer)	aon	e-participant plan
В	This return/report is:	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 mo	nths)	
Ç	<u> </u>	automatic extension		_	'C program
	special extension (enter description)			ш	- p g
P	Int II Basic Plan Information enter all requested inform	ation			
	Name of plan	iation		1b Three-	digit
	IBC Retirement Savings Plan			plan nu	1
				(PN) ▶ 1c Effectiv	/e date of plan
	100				1/2002
2a	Plan sponsor's name and address; include room or suite number (empl Interwest Benefit Consultants, Inc.	loyer, if for a single-er	nployer plan)		er Identification Number 91~1055754
				2c Sponso	or's telephone number
	959 11th Ave., Ste. B			(360)	425-1426
				2d Busine 5419	ss code (see instructions)
<u>us</u> 3a	Longview WA 98632 Plan administrator's name and address X Same as Plan Sponsor I	Nama Sama as	Plan Spanger Address	ļ	strator's EIN
- u	Train administrator s mante and address Z Jame as Fran Sponsor i	Ivanie 🔲 Sanie as	rian oponsor Address	3D Admini	Strator S EIN
				3c Admini	strator's telephone number
				JC Adminis	strator s telephone number
		· · - ·			
4	If the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report.	return/report filed for	this plan, enter the	4b EIN	1118
a	Sponsor's name			4c PN	
5a	Total number of participants at the beginning of the plan year	******************************		5a	6
b	The state of the s	••••••		5b	6
С	Number of participants with account balances as of the end of the plan	year (defined benefit	plans do not		-
	complete this item)			5c	6 Prives Date
b	Are you claiming a waiver of the annual examination and report of an in	•		•••••••••	Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and		abio accountant (ter 7.)		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot			rm 5500.	
	If the plan is a defined benefit plan, is it covered under the PBGC insur-	ance program (see E	RISA section 4021)?	Yes	No Not determined
Ca	ition: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	ınless reasonable caus	e is establishe	ed.
Un	ler penalties of perjury and other penalties set forth in the instructions, I	declare that I have ex	amined this return/report,	including, if ap	plicable, a Schedule
bel	or Schedule MB completed and signed by an enrolled actuary, as well a ef, it is true correct, and complete.	is the electronic version	on of this return/report, and	d to the best of	my knowledge and
17. Br2.		8/5/14	DENISE J GABEL		
147.75	SN Signature of plan administrator	Date		l ainninn na mIn	
1.32		0/6/14	Enter name of individual DENISE J GABEL	i signing as pia	n administrator
257.354.1	RE Signature of employer/plan sponsor	8/3//7 Date			
4.344.6	parer's name (including firm name, if applicable) and address; include ro		Enter name of individual optional)		ephone number (optional)
	, Summer of the state of the st	er enter mannen (- p 31 1001/	. repairers tel	opnone number (optional)
					Land to the second of the second seco
1				District Control	

ु P i	ant III Financial Information									
7_	Plan Assets and Liabilities	Mary Control	(a) Beginning of Year	,		(b) End of Year				
<u>a</u>	Total plan assets	7a	1,218,0	00			1,523,615			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,218,00	00		1,523,615				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:		00.5							
	(1) Employers	8a(1)	20,5		加州	A Company of the Comp				
	(2) Participants	8a(2)	37,6	19	200					
	(3) Others (including rollovers)	8a(3)			2155 FE		Marin Carlos			
	Other income (loss)	d8	247,4		200	\$4.5°				
- c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		kat li	es marera	(7.8-2.77) (4.6 6	305,615			
<u> </u>	to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e			24.7					
<u>f</u> _	Administrative service providers (salaries, fees, commissions)	8f		0		X	Sy IF.			
<u>g</u>	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		15			0			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					305,615			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			60					
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feats	ure codes f	from the List of Plan Characterist	ic Co	des in	the in	structions:			
	2E 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes fro	om the List of Plan Characteristic	Code	es in th	ne inst	ructions:			
Pa	rt V Compliance Questions									
10	During the plan year:				Yes	No	A			
<u></u> а	**************************************	s within the	e time period described in		108	NO	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction	on Program)	10a		x				
b	Were there any nonexempt transactions with any party-in-interest? (E			10b		x				
C	Was the plan covered by a fidelity bond?	•••••	***************************************	10¢	х		160,000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		х				
е	insurance service, or other organization that provides some or all of the	ne benefits	under the plan? (See							
	instructions.)	********	***************************************	10e		X				
	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		x				
h	If this is an individual account plan, was there a blackout period? (Se- 2520.101-3.)		ns and 29 CFR	10h		x				
į	If 10h was answered "Yes," check the box if you either provided the n exceptions to providing the notice applied under 29 CFR 2520.101-3		lice or one of the	10i						
Pai	tVI Pension Funding Compliance						Company and State Control of the con			
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)					•	rm Yes X No			
118	Enter the unpaid minimum required contribution for current year from					11a	103 [22] 140			
12	Is this a defined contribution plan subject to the minimum funding req			ction			A? Yes X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as				•	T				
а		mortized in	this plan year, see instructions,		enter th	ne date	-			
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule N		·		-					
b	Enter the minimum consists of a state of a state of	•			T.	12b	***			

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		12c		
easted the direction the 120 hors the direction the 125. Either the 163th (either a fill)		12d		
Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u> </u>		Yes [□ No □ N/A
TWILE Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?		□ Y	es 🗓 N	lo
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a		
Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC?	plan, or brought under the contro	ol 		Yes X No
		-		
13c(1) Name of plan(s):	13	c(2) EIN(s)	13c(3) PN(s)

tiVIII Trust Information (optional)				_
Name of trust		14b T	rust's EIN	· ·
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the contro of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13. Trust Information (optional)	Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(Enter the amount contributed by the employer to the plan for this plan year 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) Will the minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 12c Yes Yes In the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s)