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).

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

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2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit plan number **IBC RETIREMENT SAVINGS PLAN** (PN) ▶ 001 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number INTERWEST BENEFIT CONSULTANTS, INC. (EIN) 91-1055754 Sponsor's telephone number 360-425-1426 959 11TH AVE., STE. B LONGVIEW, WA 98632 Business code (see instructions) 541990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 6 Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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.

belief, it is t	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include		oom or suite number	r) (optional)	Preparer's telephone number (optional)			

	Form 5500-SF 2014		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independent and condition	ent qualified public accountans.)	nt (IQ	PA)				ш П	es [No
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	_ r	lot de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Eı	nd of	Year		
a	Total plan assets	7a	15236	315						0	
b	Total plan liabilities	7b								0	
С	Net plan assets (subtract line 7b from line 7a)	. 7с	15236	515	-					0	<u> </u>
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	125	35							
	(2) Participants		255	37							
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	8b	527	'08							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9	0780)
	Benefits paid (including direct rollovers and insurance premiums	04	16143	195							
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e									
	Administrative service providers (salaries, fees, commissions)			0							
	Other expenses			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)								161	4395	
	Net income (loss) (subtract line 8h from line 8c)								-152	3615	j
	Transfers to (from) the plan (see instructions)	. 8i									
Par	t IV Plan Characteristics	1 -, 1									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Coc	les in t	he instru	uctior	ns:		
10	During the plan year:				Yes	No		Α	mour	t	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	tion Program)	10a		X					
b	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	Χ					16	60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	l of the benefi	ts under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year end	i.)	10g		X					
h	109										
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)								Y	es >	X No
11a	Enter the unpaid minimum required contribution for current year for					11a					
12	Is this a defined contribution plan subject to the minimum funding	g requirement	s of section 412 of the Code	or se	ction	302 of	ERISA?	· [Y	es >	× No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Day			letter ear _	rulin	g

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result ative amount)	`		12d			
е	Will t	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?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation	► Complete all entries in a	eca.	rdanco with the instr		500 OF	Inspection
40	Part Annual Report	Identification Information	n	idance with the mstr	uctions to the Form 5	500-SF.	
	r calendar plan year 2014 or fisc			01/01/2014	and ending	12	/31/2014
Α	This return/report is for:	x a single-employer plan		a multiple-employer of participating emplo		(Fliers che	cking this box must attach a list
В	This return/report is:	a one-participant plan the first return/report	х	a foreign plan the final return/report	t		
_		an amended return/report		•	um/report (less than 12 i	months) —	_
C	Check box if filing under:	Form 5558 special extension (enter descri	∐ ption	automatic extension			DFVC program
E	art II Basic Plan Info	rmation enter all requested		•			
	Name of plan	TRACION enter all requested	MIIOII	mation		1h 7	hree-digit
	IBC Retirement Sav	ings Plan				p	lan number PN) ► 001
							ffective date of plan
Za	Plan sponsor's name and add Interwest Benefit (ress; include room or suite number Consultants, Inc.	(emp	ployer, if for a single-e	mployer plan)		mployer Identification Number EIN) 91-1055754
	959 11th Ave., Ste. B						ponsor's telephone number 360) 425-1426
	US Longview WA 98632	us					usiness code (see instructions) 41990
3a	Plan administrator's name and	i address 🕱 Same as Plan Spo	nsor	Name		3b A	dministrator's EIN
4	If the name and/or EIN of the pane, EIN, and the plan numb	plan sponsor has changed since the per from the last return/report.	e last	return/report filed for	this plan, enter the	4b E	IN
а	Sponsor's name					4c PI	N
5a	Total number of participants at			***************************************	************	5a	6
b	Total number of participants at		•••••	******************************	,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5b	0
С 	complete this item)	count balances as of the end of the	*****	year (defined benefit	plans do not	. 5c	0
		ipants at the beginning of the plan y	ear	*****************	·····	. 5d(1)	0
d(Total number of active partic	ipants at the end of the plan year		******************************	*******************************	. 5d(2)	0
e 	Number of participants that ten less than 100% vested	minated employment during the pla	n yea	ar with accrued benefit	ls that were	. 5e	0
Ca	ution: A penalty for the late o	r incomplete filing of this return/	repo	rt will be assessed ι	ınless reasonable cau	se is estat	lished.
SD	der penalties of perjury and othe or Schedule MB completed and ief, it is true, correct, and comple	er penalties set forth in the instruction I signed by an enrolled actuary, as verter	ns, I vell a	declare that I have ex as the electronic version	amined this return/repor on of this return/report, a	t, including, nd to the be	if applicable, a Schedule ast of my knowledge and
30 3	GN X Process of plan admir	y Sale!			DENISE J GABEI		
	ERE Signature of plan admir	nistrator Jacket	<u> </u>	Date //27//S	Enter name of individu		s plan administrator
	ERE Signature of employer/p	olan sponsor		Date 1/2 3/5	Enter name of individu	al signing a	s employer or plan sponsor
Pre	parer's name (including firm nam	ne, if applicable) and address; inclu	de ro	oom or suite number (d	optional)		's telephone number (optional)

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6a	Were all of the plan's assets during the plan year invested in eligible a				_					
b	Are you claiming a waiver of the annual examination and report of an i	indonanda:	et musified authors.		********	***********	********	X	Yes	∐No
								T-	Yes	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							<u> </u>	_1162	No
c	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							o [Not de	termined
R	art III Financial Information									
7	Plan Assets and Liabilities	100	(a) Beginning of Yea				(b) E=d	at Va		
а	Total plan assets	. 7a	1,523,6		+		(b) End	01 16		
b	Total plan liabilities	7b	1,323,6	113	╅┈					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,523,6	15	 					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1-		(b)	Total		
а	Contributions received or receivable from:				54.5	30.7	Shaper Salah	MAD N		
	(1) Employers	8a(1)	12,5		See See	er er skriver i de de er skriver beskere er			100	
	(2) Participants	8a(2)	25,5	37	\$1420				I IV	
b	Other income (loss)	8a(3) 8b			140	seed to		al () a		i de la composición dela composición de la composición dela composición de la compos
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	52,7	U8	27.91% (4)					
d	Benefits paid (including direct rollovers and insurance premiums	-	2.11.00		S) 5763	100 800	nether en	200141E	90,7	80
	to provide benefits)	8d	1,614,3	95						
ē	Certain deemed and/or corrective distributions (see instructions)	8e			41.54	21.5				
<u>T</u>	Administrative service providers (salaries, fees, commissions)	8f		0		推過經	300	L COM		
g	Other expenses	8g		0	(4) (6) (4) (7)	MATERIAL PROPERTY.	() 图 ()		74694/2521 Sitsa N. S.	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	all the transfer and the second		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1,	614,3	95
-	Net income (loss) (subtract line 8h from line 8c)	8i	A POST AND THE PERSON NAMED IN		9 8 8		(1,5	23,61	5)
36140	Transfers to (from) the plan (see instructions)	8j			¥.7.		Also is			
	Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension feate 2E 2G 2J 2K 2R 3D	ure codes t	from the List of Plan Characteris	tic Co	des in	the instr	uctions:			
-									-	
b	If the plan provides welfare benefits, enter the applicable welfare featur	e codes fro	om the List of Plan Characteristic	Code	es in th	ne instruc	ctions:			
Da	rt.V Compliance Questions									
10	During the plan year:					r				
-io	Was there a failure to transmit to the plan any participant contribution	e within the	o firms paried described in		Yes	No		Amo	unt	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian	y Correction	on Program)	10a	i	x				
b	Were there any nonexempt transactions with any party-in-interest? (E	o not inclu	ide transactions reported							
	on line 10a.)			10b		х				
c			***************************************	10c	х				160	,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, t	hat was caused by fraud	10d		x				
е	Were any fees or commissions paid to any brokers, agents, or other	nersons by	an insurance carrier	100	_	A				
	insurance service, or other organization that provides some or all of the	e benefits	under the plan? (See							
	instructions.)			10e		х				
f	Has the plan failed to provide any benefit when due under the plan? 10					x				
<u>_</u> 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	instructio	ns and 29 CFR			级			age to other.	9797.40 28255 - 8
	2520.101-3.)			10h		x	"是"		が重した。 状態である。	
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	-							one every large	690 FO TO
Раг	2 E-0.5 -> 6.	*********		10i	!	Ų.			加美洲	
	<u> </u>							1		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							.		
11a	Enter the unpaid minimum required contribution for current year from							<u> </u>	Yes	<u>No</u>
12	Is this a defined contribution plan subject to the minimum funding requ			ction 1	302 of	FRISA?		Г	Yes 2	0/4 3
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as				01		•••		1 169 [4	-1 MO
а	If a waiver of the minimum funding standard for a prior year is being a	mortized in	this plan year, see instructions	and e	nter th	e date o	f the lett	ar ruili		
	granting the waiver		Mon	h		Day	c iett	Yea		

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			.,,=,				
<u>b</u>	Enter the minimum required contribution for this plan year	12b						
		,	<u> </u>					
c	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	[Yes	□No □N/A				
Pari	VII Plan Terminations and Transfers of Assets							
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	ХY	es 🗍	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 control of the PBGC?	sl		▼ Yes No				
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):	(2) EIN((s)	13c(3) PN(s)				
				T				
Arriv.								
Fart	VIII Trust Information (optional)			·				
14a Name of trust				14b Trust's EIN				