Form 5500-SF

Department of the Treasury

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 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

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information			00/00/		
For	calendar plan year 2009 or fiscal plan year beginning 07/01/20		and ending	06/30/2	2010	
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	final retur	n/report			
	an amended return/report	short plan	year return/report (less than 12 r	nonths)	_	
С	Check box if filing under: Form 5558	automatic	extension		DFVC progra	ım
	special extension (enter descript	tion)				
Pa	Irt II Basic Plan Information—enter all requested information	mation		_		
	Name of plan			1b	Three-digit	
INTE	RNATIONAL FORESTRY CONSULTANTS RETIREMENT PLAN				plan number (PN) ▶	001
				1c	Effective date of	f plan
					07/01/2	
	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b	Employer Identi	
INTE	RNATIONAL FORESTRY CONSULTANTS, INC.			20	(EIN) 91-081	elephone number
1141	5 N.E. 128TH ST., SUITE 110			20	425-82	
KIRK	LAND, WA 98034			2d		see instructions)
32	Plan administrator's name and address (if same as Plan sponsor,	ontor "Come	,,,,	2h	Administrator's	
	,	. 128TH ST.,	,	30	91-081	
	KIRKLAND), WA 98034		3с		elephone number
4 1	f she a new a new diagraph of she and a new new she at the second size of she at	la at wat /wa	mant filad fan thia mlan antan tha	415	425-82	0-3420
	f the name and/or EIN of the plan sponsor has changed since the l name, EIN, and the plan number from the last return/report. Spons		port filed for this plan, enter the	40	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		0
b	Total number of participants at the end of the plan year			5b		11
С	Total number of participants with account balances as of the end		` .	5c		10
62	complete this item)					X Yes ☐ No
b	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report of		` '			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility					X Yes No
Do	If you answered "No" to either 6a or 6b, the plan cannot use rt III Financial Information	Form 5500-	SF and must instead use Form	5500.		
			(a) De alauta a c (Vera		//-> FI	- () (
7	Plan Assets and Liabilities	70	(a) Beginning of Year	0	(b) End	142681
a b	Total plan assets Total plan liabilities					142001
c	Net plan assets (subtract line 7b from line 7a)			0		142681
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	
а	Contributions received or receivable from:		(a) ranount		(~)	- Ciui
	(1) Employers	8a(1)	254	113		
	(2) Participants		415	531		
_	(3) Others (including rollovers)		688	327		
b	Other income (loss)		69	910		
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				142681
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions).					
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					
i	Net income (loss) (subtract line 8h from line 8c)	8i				142681
i	Transfers to (from) the plan (see instructions)	8i				

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3D

D '	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flair Chara	ICICIIS	110 000	163 III I	ine monuc	Juoris.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:				Yes	No		Amou	nt	
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		X				
b		e there any nonexempt transactions with any party-in-interest? (Ene 10a.)		•	10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		Χ				
	insu	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.)	ne benefits under the	e plan? (See	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan? .			10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		10g		X				
_	If th	s is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h		X				
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	s a defined benefit plan subject to minimum funding requirement:	s? (If "Yes," see ins	tructions and com	plete	Sched	ule SB	(Form		⁄es	No
12	ls t	is a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?		es 🤇	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									g
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal_		
		r the minimum required contribution for this plan year		_		[12b				
		r the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		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 during the plan y	ear or any prior yea	ır?						es	No
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year			Г	13a		<u> </u>	L	
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol			es 2	No
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne pla	n(s) to					
13	3c(1	Name of plan(s):				130	c(2) El	N(s)	13	c(3) F	N(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	se is	establ	ished.			
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applic			
SIGN	F	led with authorized/valid electronic signature.	09/07/2010	THOMAS M. HAN	NSON						
HERE	- Г	Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sin	ning as	s plan adn	ninistrato	or	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

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 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

2009

This Form is Open to Public Inspection

***	Annual Report Identification Information		ne a suation of	3/30/2	010
For	calendar plan year 2009 or fiscal plan year beginning 07/01/2009		and ending 06	7012	
AT	This total in open to lot.	nultiple-en	nployer plan (not multiemployer)	ĺ	one-participant plan
В	This return/report is for: $\overline{\chi}$ first return/report $\overline{\chi}$	inal return	report		
	an amended return/report s	short plan	year return/report (less than 12 mon	ths)	
C	Check box if filing under: Form 5558	automatic e	extension		DFVC program
	special extension (enter description)		25	
Pa	rt II Basic Plan Information—enter all requested information	lion			
	Name of plan			1b	Three-digit
	RNATIONAL FORESTRY CONSULTANTS RETIREMENT PLAN				plan number
					(PN) ▶ 001
				10	Effective date of plan 07/01/2009
2-	C)	ulan)		2h	
	Plan sponsor's name and address (employer, if for single-employer properties of the property o	nanj			Employer Identification Number (EIN) 91-0814017
11311-	THE WALL OF LOTHER BOTTON TO THE PARTY OF TH				Plan sponsor's telephone number
1141	5 N.E. 128TH ST., SUITE 110			400	425-820-3420
KIRK	LAND WA 98034			2d	Business code (see instructions)
22	Plan administrator's name and address (if same as Plan sponsor, en	ter "Same"	·\	3h	115310 Administrator's EIN
SAM	에는 선생님이 아무리 아무리에 가는 아무	tei Saine	1	JD	91-0814017
G/ titl				3c	Administrator's telephone number
		at a complete to the second	(A) (E)		425-820-3420
	f the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor		oort filed for this plan, enter the	4b	EIN
12	name, Env., and the plan number from the last return report. Oponsor	3 Haine		4c	PN
5a	Total number of participants at the beginning of the plan year			5a	0
b	Total number of participants at the end of the plan year			5b	11
C	Total number of participants with account balances as of the end of				
	complete this item)	527		5c	10
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQI	PA)	□ vaa □ Na
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		DNS.)		
Pa		rm 5500-9			X Yes No
		rm 5500-5			X res No
7	rt III Financial Information	orm 5500-5	SF and must instead use Form 55		
7	rt III Financial Information Plan Assets and Liabilities			00.	(b) End of Year
7 a	I rt III Financial Information Plan Assets and Liabilities Total plan assets	7a	F and must instead use Form 55 (a) Beginning of Year	00.	
b	It III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	7a 7b	(a) Beginning of Year	00.	(b) End of Year
b	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a	(a) Beginning of Year	00.	(b) End of Year 142681
 с 8	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7a 7b	(a) Beginning of Year	00.	(b) End of Year
	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b	(a) Beginning of Year	DO.	(b) End of Year 142681
	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year (a) Amount	DO.	(b) End of Year 142681
	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1)	(a) Beginning of Year (a) Amount	DO.	(b) End of Year 142681
	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year (a) Amount (a) Amount	3	(b) End of Year 142681
b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681
8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions).	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total
b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total 142681
b 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year (a) Amount (a) Amount (a) Amount	3	(b) End of Year 142681 (b) Total

Page	

Form	5500	-SF	2009
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Course Charles and Carlo		
Part IV	Plan Characteristics	
Partiv	Plan Characteristics	

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 2T 3D
- 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:	S	Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period descri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repon line 10a.)	900-2765		Х			,
C	Was the plan covered by a fidelity bond?	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by or dishonesty?	V25000 100		х			-
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se instructions.)	ee		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		×		**	
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		-			- 120-11-11-11-11-11-11-11-11-11-11-11-11-11	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500))	7/7				Yes	1, 1,100%
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	e Code or se	ection	302 of	ERISA?	Yes	X No
	(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, segranting the waiver.						
lf v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to l			Day			
	Enter the minimum required contribution for this plan year			12b			-
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 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 during the plan year or any prior year?				-	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		f	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or to the PBGC?	rought unde	r the c		-	Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	lentify the pla	an(s) to	0	to the second second		
1	3c(1) Name of plan(s):		13	13c(2) EIN(s) 1) PN(s)
				v,			
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless re	asonable ca	use is	estab	lished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined in Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this f, it is true, correct, and complete.	this return/re	eport, i	ncludin	g, if applic	cable, a Sch y knowledge	edule and
SIG	N X / / 100mm / 109/04/2010 THOM	S M HANS	ON				
HEF	- Chile to the total of the control	me of individ	dual si	gning a	s plan adı	ministrator	
SIG		ame of indivi	dual et	anina a	e ampleus	ar or plan as	oncor
	Signature of employer/plan sponsor Date Enter no	THE OF HIGHY	Juai 31	grining a	a curbinate	or high a	Uladi