

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan INTERSTATE & LAKELAND LUMBER CORPORATION 401(K) AND PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1991
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) INTERSTATE & LAKELAND LUMBER CORP. 1248 EAST MAIN STREET SHRUB OAK, NY 10588-1425	2b Employer Identification Number (EIN) 06-0401200 2c Sponsor's telephone number 914-406-7140 2d Business code (see instructions) 444190

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	02/09/2011	HELGA SCHMIDT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") INTERSTATE & LAKELAND LUMBER CORP. 1248 EAST MAIN STREET SHRUB OAK, NY 10588-1425	3b Administrator's EIN 06-0401200 3c Administrator's telephone number 914-406-7140
--	---

4 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: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	243
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	240
b Retired or separated participants receiving benefits.....	6b	
c Other retired or separated participants entitled to future benefits.....	6c	11
d Subtotal. Add lines 6a , 6b , and 6c	6d	251
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	251
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	128
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2R 3E 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	---

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008		
A Name of plan INTERSTATE & LAKELAND LUMBER CORPORATION 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. INTERSTATE & LAKELAND LUMBER CORP.		
D Employer Identification Number (EIN) 06-0401200		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	417032	251	01/01/2008	12/31/2008

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
9344	3978

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WILLIAM M THOMPSON P O BOX 102 WHITE PLAINS, NY 10602-0102

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9344	3978	REFERRAL/SERVICE FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	507639
5 Current value of plan's interest under this contract in separate accounts at year end	5	3936915

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b Balance at the end of the previous year	7b	470360
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	40218	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	16808	
(4) Transferred from separate account	7c(4)	21521	
(5) Other (specify below)..... ▶ LOAN PAYMENT	7c(5)	3853	

(6) Total additions	7c(6)	82400
---------------------------	--------------	-------

d Total of balance and additions (add b and c(6)).	7d	552760
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	20622	
(2) Administration charge made by carrier	7e(2)	1820	
(3) Transferred to separate account	7e(3)	19448	
(4) Other (specify below)..... ▶ LOAN WITHDRAWAL	7e(4)	3231	

(5) Total deductions	7e(5)	45121
----------------------------	--------------	-------

f Balance at the end of the current year (subtract e(5) from d)	7f	507639
---	-----------	--------

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008		
A Name of plan INTERSTATE & LAKELAND LUMBER CORPORATION 401(K) AND PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERSTATE & LAKELAND LUMBER CORP.		D Employer Identification Number (EIN) 06-0401200
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MONEY MKT SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 12-0127290-024	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 924960
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SEPACT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 453
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BOND AND MTG SEP ACC		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 380546
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL DIVERS INTL SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 634023
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL GOVT&HQBND SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-007	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9253
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 IDX SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 486586
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-022	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16886

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP BLEND SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-029	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 311929
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP BLEND SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34460
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL BD EMPH BAL SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-006	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2114
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN STOCK EMPH BAL SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-032	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151328
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LGCAP VALUE SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199544
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57136
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP INC. STK SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-086	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34605
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 INDEX SA		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-023	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17760
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2010 SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181428
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL LIFETM 2020 SEP ACCT		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97608

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETM 2030 SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 42-0127290-077	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128699
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETM 2040 SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 42-0127290-078	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37010
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRINCIPAL LIFETM 2050 SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 42-0127290-079	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32022
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LIFETM STR INC SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 42-0127290-080	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9185
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **PRIN LARGEAP BLEND I SEP ACCT**
PRINCIPAL LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a):

c EIN-PN 42-0127290-017	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189380
--------------------------------	------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 12/31/2008

A Name of plan <u>INTERSTATE & LAKELAND LUMBER CORPORATION 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>002</u>
	C Plan sponsor's name as shown on line 2a of Form 5500 <u>INTERSTATE & LAKELAND LUMBER CORP.</u>
D Employer Identification Number (EIN) <u>06-0401200</u>	

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	530340	244069
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		20
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		37737
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	263040	284421
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	6163534	3936915
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2652769	2285634
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	470323	507639
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10080006	7296435

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10080006	7296435
---	-----------	----------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	244069	
(B) Participants	2a(1)(B)	353368	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		597437
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	17470	
(F) Other	2b(1)(F)	16808	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34278
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	584	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		584
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-35183	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-35183
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1908612
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-746213
c Other income.....	2c		201
d Total income. Add all income amounts in column (b) and enter total.....	2d		-2057508

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	694608	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		694608
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	31455	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		31455
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		726063

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2783571
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REBECCA FISHIN, CPA

(2) EIN: 12-7561405

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		5000
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

INTERSTATE & LAKELAND LUMBER CORP
PROFIT SHARING 401(k) PLAN
December 31, 2008

INTERSTATE & LAKELAND LUMBER CORP
PROFIT SHARING 401(k) PLAN
December 31, 2008

Table of Contents

	Page
Independent Auditors' Report	1
Statement of Net Assets Available for Plan Benefits – December 31, 2008	2-5
Statement of Changes in Net Assets Available for Benefits – December 31, 2008	6-9
Statement of Net Assets Available for Plan Benefits – December 31, 2007	10-13
Schedule of Assets Held for Investment Purposes	14

INTERSTATE & LAKE LAND LUMBER CORP
PROFIT SHARING 401(K) Plan
Schedule of Assets Held for Investment Purposes
December 31, 2008

Identity of Party Involved	Description of Investments	Cost	Current Value
* Principal Life Ins Co	Guaranteed Interest		519,468
* Principal Life Ins Co	Principal Money Market SEP Account		990,241
* Principal Life Ins Co	Principal Bond & Mortgage SEP Account		389,394
* Principal Life Ins Co	Principal Government Securities SEP Account		9,253
* Principal Life Ins Co	Principal Bond Employee Balance SEP Account		2,114
* Principal Life Ins Co	Principal Large Capital Stock Index SEP Account		499,875
* Principal Life Ins Co	Principal Large Company Value SEP Account		207,546
* Principal Life Ins Co	Principal Life Term STR Inc SEP Account		9,753
* Principal Life Ins Co	Principal Life Term 2010 SEP Account		188,392
* Principal Life Ins Co	Principal Life Term 2020 SEP Account		100,279
* Principal Life Ins Co	Principal Life Term 2030 SEP Account		135,848
* Principal Life Ins Co	Principal Life Term 2040 SEP Account		43,973
* Principal Life Ins Co	Principal Life Term 2050 SEP Account		32,022
* Principal Life Ins Co	Principal Medium Company Value SEP Account		16,886
* Principal Life Ins Co	Principal PTR Large Cap Blend SEP Account		197,399
* Principal Life Ins Co	Principal US Property Real Estate SEP Account		452
* Principal Life Ins Co	Principal Stock EMPH Balance SEP Account		154,025
* Principal Life Ins Co	Principal Large Company Growth SEP Account		60,286
* Principal Life Ins Co	Principal Medium Company Blend SEP Account		34,460
* Principal Life Ins Co	Principal Mid Cap Stock Index SEP Account		20,930
* Principal Life Ins Co	Principal Small Company Blend SEP Account		320,613
* Principal Life Ins Co	Principal Diversified International Stock SEP Account		652,516
* Principal Life Ins Co	Principal Financial Group Inc Stock SEP Account		34,605
* Principal Life Ins Co	Vanguard Intermediate -Term Treasury Fund		1,182,253
* Principal Life Ins Co	Fidelity Advance Growth Opportunity I Fund		72,586
* Principal Life Ins Co	Vanguard Growth & Income Fund		204,637
* Principal Life Ins Co	AIM Constellation Fund A SEP Account		571
* Principal Life Ins Co	AIM Large Cap Growth		75,213
* Principal Life Ins Co	Fidelity Advanced Equity Growth Income Fund		740
* Principal Life Ins Co	AIM Leisure Investment Fund		79,711
* Principal Life Ins Co	Wells Fargo ADTG Opportunity Fund SEP Account		2,337
* Principal Life Ins Co	T. Rowe Price Growth Stock Fund		73,273
* Principal Life Ins Co	T. Rowe Price Science & Technology Fund		176,240
* Principal Life Ins Co	Vanguard Explorer Fund		19,722
* Principal Life Ins Co	American Century Small Cap Value Fund		139,143
* Principal Life Ins Co	T. Rowe Price New Horizon Fund		68,786
* Principal Life Ins Co	Vanguard Morgan Growth Fund		180,370
* Principal Life Ins Co	Seld directed Brokerage Account		116,102
* Principal Life Ins Co	Participation Loans - 7% to 9% Rate		284,421
			<u>\$ 7,296,435</u>

Cost of investments is unavailable as shown on Principal schedule

* Represents an investment held with a party-in-interest.

INTERSTATE LUMBER & MILL CORP
PROFIT SHARING 401(K) PLAN
Statement of Net Assets Available for Plan Benefits
December 31, 2008

Investments, at fair value, as reported by		Guaranteed	Money	Bond &	Government	Bond EMPH	Large Cap	Large Co	Life Term	Life Term	Life Term
Principal Life Insurance Company		Interest	Market	Mortgage	Securities	Balance	Stock Index	Value	STR Ins	2010	2020
Guaranteed Interest		507,839									
Principal Money Market SEP Account			924,960	380,546	9,253	2,114	486,586	199,544	9,185	181,428	97,908
Principal Bond & Mortgage SEP Account											
Principal Government Security SEP Account											
Principal Bond EMPH Balance SEP Account											
Principal Large Capital Stock Index SEP Account											
Principal Large Company Value SEP Account											
Principal Life Term STR Income SEP Account											
Principal Life Term 2010 SEP Account											
Principal Life Term 2020 SEP Account											
Principal Life Term 2030 SEP Account											
Principal Life Term 2040 SEP Account											
Principal Life Term 2050 SEP Account											
Principal Life Term 2060 SEP Account											
Principal PTR Large Cap BLD LSEP Account											
Principal US Property Real Estate SEP Account											
Principal Stock EMPH Balance SEP Account											
Principal Large Co Growth SEP Account											
Principal Medium Co Blend SEP Account											
Principal Mid Cap Stock Index SEC Account											
Principal Small Co Blend SEP Account											
Principal International Stock SEP Account											
Principal Financial Growth Inc Stock SEP Account											
Vanguard Intermediate Term Treasury Fund											
Fidelity ADV Growth Opportunity I Fund											
Vanguard Growth & Income Fund											
AIM Constellation Fund A SEP Account											
AIM Large Cap Growth Fund											
Fidelity ADV Equity Growth I Fund											
Invesco Leisure Investment Fund											
Wells Fargo ADTG Opportunity Fund											
T. Rowe Price Growth Stock Fund											
T. Rowe Price Science & Technology Fund											
Vanguard Explorer Fund											
Amston Century Small Cap Fund											
T. Rowe Price New Horizon Fund											
Vanguard Morgan Growth Fund											
Self-directed Brokerage Account											
Participation Loans											
Total Investments		507,839	924,960	380,546	9,253	2,114	486,586	199,544	9,185	181,428	97,908
Employer's contribution receivable		507,839	924,960	380,546	9,253	2,114	486,586	199,544	9,185	181,428	97,908
		11,829	65,281	8,848	-	-	13,289	8,002	568	6,964	2,671
Net assets available for benefits		519,458	990,241	389,394	9,253	2,114	499,875	207,546	9,753	188,392	100,279

INTERSTATE LUMBER & MILL CORP
PROFIT SHARING 401(K) PLAN
Statement of Net Assets Available for Plan Benefits
December 31, 2008

Investments, at fair value, as reported by											
Principal Life Insurance Company											
Guaranteed Interest											
	Life Term 2030	Life Term 2040	Life Term 2050	Medium Cap Value	PTR Large Cap Blend	US Property Real Estate	Stock EMPH Balance	Large Co Growth	Medium Co Blend	Mid Cap Stock Index	
					</						

INTERSTATE LUMBER & MILL CORP
PROFIT SHARING 401(K) PLAN
Statement of Net Assets Available for Plan Benefits
December 31, 2008

Investments, at fair value, as reported by									
Principal Life Insurance Company									
Guaranteed Interest									
Principal Money Market SEP Account									507,638
Principal Bond & Mortgage SEP Account									924,980
Principal Government Security SEP Account									380,546
Principal Bond EMPH Balance SEP Account									9,253
Principal Large Capital Stock Index SEP Account									2,114
Principal Large Company Value SEP Account									486,686
Principal Life Term 5/1R Income SEP Account									199,544
Principal Life Term 2010 SEP Account									0,185
Principal Life Term 2020 SEP Account									181,428
Principal Life Term 2030 SEP Account									97,608
Principal Life Term 2040 SEP Account									125,898
Principal Life Term 2050 SEP Account									37,010
Principal Medium Co Value SEP Account									32,022
Principal Medium Co Value SEP Account									16,886
Principal PTR Large Cap BLD 1 SEP Account									189,380
Principal US Property Real Estate SEP Account									452
Principal Stock EMPH Balance SEP Account									151,328
Principal Large Co Growth SEP Account									67,138
Principal Large Co Growth SEP Account									34,460
Principal Medium Co Blend SEP Account									17,760
Principal Mid Cap Stock Index SEC Account									311,928
Principal Small Co Blend SEP Account									634,023
Principal International Stock SEP Account									34,805
Principal Financial Growth Inc Stock SEP Account									1,167,894
Principal Financial Growth Inc Stock SEP Account									67,693
Vanguard Intermediate Term Treasury Fund									194,766
Fidelity ADV Growth Opportunity I Fund									408
Vanguard Growth & Income Fund									73,342
AIM Constellation Fund A SEP Account									740
AIM Large Cap Growth Fund									76,810
Fidelity ADV Equity Growth I Fund									2,337
Invesco Leisure Investment Fund									69,883
Wells Fargo ADTG Opportunity Fund	2,337	69,883	170,185	16,884	136,004	65,471	173,550	107,435	284,421
T. Rowe Price Growth Stock Fund									170,185
T. Rowe Price Science & Technology Fund									16,884
Vanguard Explorer Fund									136,004
American Century Small Cap Fund									65,471
T. Rowe Price New Horizon Fund									173,550
Vanguard Morgan Growth Fund									107,435
Vanguard Brokerage Account									107,435
Participation Loans									284,421
Total investments	2,337	69,883	170,185	16,884	136,004	65,471	173,550	107,435	284,421
Employer's contribution receivable	2,337	69,883	170,185	16,884	136,004	65,471	173,550	107,435	284,421
Net assets available for benefits	2,337	73,273	176,240	19,722	139,143	69,788	190,370	116,102	284,421
									7,296,435

INTERSTATE LUMBER & MILL CORP
PROFIT SHARING 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2008

Additions to net assets attributed to:										
Investment income, as reported by Principal Life Insurance Company										
Net appreciation (depreciation) in fair value of investments										
Total investment income (loss), as reported by Principal Life Insurance Company										
	Guaranteed Interest	Money Market	Bond & Mortgage	Government Securities	Bond EMPH Balance	Large Cap Stock Index	Large Co Value	Life Term STR Inc	Life Term 2010	Life Term 2020
	(7,383)	28,133	(72,204)	(134)	(718)	(31,576)	(107,193)	(5,624)	(74,865)	(54,487)
	(7,383)	28,133	(72,204)	(134)	(718)	(31,576)	(107,193)	(5,624)	(74,865)	(54,487)
Other investment income										
Contributions:										
Employer	11,829	65,281	8,848	-	-	13,289	8,002	568	6,964	2,671
Participants	13,261	66,737	22,286	-	-	19,683	13,632	182	19,449	4,686
Loan repayments	1,759	17,420	3,349	-	-	12,134	2,420	9	10	8,482
Interest income	8,412	1,780	281	-	-	910	181	-	-	486
	35,261	151,218	34,734	-	-	45,926	24,286	758	26,423	14,325
Total contributions	21,860	347,688	(121,702)	-	-	(73,339)	(26,643)	(9,813)	-	(11,577)
Net transfers between funds	49,738	625,019	(159,172)	(134)	(718)	(338,899)	(108,531)	(14,478)	(48,142)	(51,739)
Deductions from net assets attributed to:										
Benefits paid to participants										
Net loans	21,160	203,973	28,295	-	464	50,116	7,977	454	9,234	1,139
Administration expenses	3,235	49,130	4,670	-	115	8,171	1,199	2,434	-	12,500
Forfeitures	1,882	3,388	1,844	35	10	2,591	980	86	799	613
	1,313	61	2,241	-	-	1,045	1,898	-	-	-
Total deductions	27,550	247,552	37,160	35	589	61,923	12,052	2,974	10,033	14,262
Increase (decrease) in net assets available for the benefits	22,188	277,467	(196,322)	(199)	(1,307)	(400,912)	(121,603)	(17,462)	(58,175)	(65,991)
Net assets available for plan benefits, beginning of year	497,280	712,774	685,716	9,422	3,421	900,787	329,149	27,205	248,667	168,270
Net assets available for plan benefits, end of year	619,468	989,241	389,394	9,253	2,114	499,875	207,546	9,753	188,392	100,279

INTERSTATE LUMBER & MILL CORP
PROFIT SHARING 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2008

Additions to net assets attributed to:										
Investment income, as reported by Principal Life Insurance Company										
Net appreciation (depreciation) in fair value of investments										
Total Investment Income (loss), as reported by Principal Life Insurance Company										
Other Investment Income										
Contributions:										
Employer										
Participants										
Loan repayments										
Interest income										
Total contributions										
Net transfers between funds										
Deductions from net assets attributed to:										
Benefits paid to participants										
New loans										
Administration expenses										
Fees/fees										
Total deductions										
Increase (decrease) in net assets available for the benefits										
Net assets available for plan benefits, beginning of year										
Net assets available for plan benefits, end of year										
Life Term	Life Term	Life Term	Medium Cap	PTR	US Property	Stock EMPH	Large Co	Medium Co	Mid Cap	
2030	2040	2050	Value	Large Cap	Real Estate	Balance	Growth	Blend	Stk Index	
(67,186)	(21,881)	(20,344)	(11,754)	(105,097)	(66)	(99,784)	(47,326)	(19,616)	(13,206)	
(67,186)	(21,881)	(20,344)	(11,754)	(105,097)	(66)	(99,784)	(47,326)	(19,616)	(13,206)	
(67,186)	(21,881)	(20,344)	(11,754)	(105,097)	(66)	(99,784)	(47,326)	(19,616)	(13,206)	
7,149	8,963	-	-	8,019	-	2,897	3,150	-	3,170	
21,460	18,430	96	-	12,544	-	6,197	4,247	-	3,015	
4,264	1,522	-	-	5,743	-	1,209	4,489	-	920	
320	114	-	-	431	-	91	337	-	69	
33,193	28,029	96	-	26,737	-	10,194	12,223	-	7,174	
(920)	(48,640)	-	(3,362)	(244)	-	(184,206)	(1,082)	(334)	(15,284)	
(34,913)	(42,382)	(20,248)	(15,119)	(78,604)	(66)	(273,795)	(36,186)	(19,950)	(21,380)	
-	-	-	10,894	33,017	606	9,718	22,173	8,430	865	
572	7,800	-	99	3,101	2	996	14,192	-	2,195	
-	272	164	-	896	-	-	390	180	106	
-	-	-	-	40	-	-	51	-	6	
572	8,072	164	10,893	37,054	608	10,714	38,808	8,610	3,182	
(36,486)	(40,464)	(20,412)	(26,109)	(116,658)	(674)	(284,609)	(72,991)	(27,560)	(24,509)	
171,333	84,437	52,434	42,995	313,057	1,126	438,534	133,277	62,020	45,438	
136,848	43,973	32,022	16,886	197,399	452	164,025	60,286	34,460	20,930	

INTERSTATE LUMBER & MILL CORP
 PROFIT SHARING 401(K) PLAN
 Statement of Changes in Net Assets Available for Benefits
 For the Year Ended December 31, 2008

Additions to net assets attributed to:										
Investment income, as reported by Principal Life Insurance Company										
Net appreciation (depreciation) in fair value of investments										
Total investment income (loss), as reported by Principal Life Insurance Company										
	(183,344)	(598,104)	(82,363)	112,412	(107,133)	(149,887)	(235)	(58,209)	(1,237)	(64,469)
	(183,344)	(598,104)	(82,363)	112,412	(107,133)	(149,887)	(235)	(58,209)	(1,237)	(64,469)
Other investment income										
Contributions:										
Employer	8,684	18,493	-	14,359	4,893	9,881	163	1,871	-	2,501
Participants	13,789	36,348	-	19,068	6,028	14,530	41	1,498	-	6,265
Loan repayments	4,223	10,325	-	12,982	3,775	1,822	683	4,763	-	1,099
Interest income	317	774	-	874	286	122	52	357	-	82
	27,013	65,940	-	47,363	15,581	26,555	940	8,489	-	10,367
	(10,839)	(181,614)	(13,029)	593,133	(38,253)	(92,085)	-	(47,318)	-	(10,030)
	(177,764)	(713,778)	(95,391)	742,928	(129,905)	(209,519)	714	(97,038)	(1,237)	(94,192)
Total contributions										
Net transfers between funds										
	47,256	109,034	6,185	19,887	1,438	22,209	-	18,033	2,843	-
Benefits paid to participants	1,494	16,292	382	3,101	2,142	1,064	337	337	-	338
New loans	1,579	3,738	289	2,895	605	1,145	2	394	4	440
Administration expenses	1,162	1,278	320	2,383	-	1,821	-	-	1	-
Forfeitures	61,491	130,342	7,176	28,246	4,166	25,440	339	19,764	2,848	778
	(229,265)	(844,120)	(102,567)	714,682	(133,991)	(230,959)	375	(116,802)	(4,085)	(64,910)
Increase (decrease) in net assets available for the benefits										
	649,868	1,486,636	137,172	457,571	206,577	435,595	198	192,015	4,825	144,621
Net assets available for plan benefits, beginning of year										
	320,613	652,516	34,605	1,182,253	72,586	204,637	571	76,213	740	79,711
Net assets available for plan benefits, end of year										

INTERSTATE LUMBER & MILL CORP
 PROFIT SHARING 401(K) PLAN
 Statement of Changes in Net Assets Available for Benefits
 For the Year Ended December 31, 2008

Additions to net assets attributed to:										
Investment income, as reported by Principal Life Insurance Company										
Net appreciation (depreciation) in fair value of investments										
	Wells Fargo ADIC OPP Fund	T. Rowe Price Growth Stock Fund	T. Rowe Price Sci & Tech	Vanguard Explorer Fund	American Century Small Cap	T. Rowe Price New Horizons	Vanguard Morgan Growth Fund	Self-directed Brokerage Account	Participation Loans	Total
	(1,585)	(65,131)	(163,237)	(12,812)	(53,275)	(52,869)	(130,066)	(34,089)	(181)	(2,688,615)
Total investment income (loss), as reported by Principal Life Insurance Company										
	(1,585)	(65,131)	(163,237)	(12,812)	(53,275)	(52,869)	(130,066)	(34,089)	(181)	(2,688,615)
Other investment income										
Contributions:										
	Employer	3,390	6,056	2,838	3,139	3,315	6,820	8,667	-	244,089
	Participants	7,706	9,198	671	2,949	2,704	13,503	1,318	-	363,501
	Loan repayments	1,454	4,407	1,241	2,224	2,363	2,710	-	(116,211)	17,470
	Interest income	110	331	92	167	222	203	-	-	-
	Total contributions	-	12,660	19,991	4,842	8,479	9,204	23,236	9,985	825,040
Net transfers between funds										
	-	(66,523)	(80,114)	(2,474)	(2,849)	(18,714)	(48,853)	140,882	-	-
	(1,585)	(112,994)	(223,380)	(10,444)	(47,544)	(62,469)	(155,653)	116,778	(116,392)	(2,044,575)
Deductions from net assets attributed to:										
	Benefits paid to participants	9,693	13,920	189	1,404	1,179	31,902	-	-	694,608
	New loans	4,467	1,268	402	2,835	943	2,636	-	(137,773)	31,455
	Administration expenses	473	1,102	95	647	418	984	676	-	12,933
	Forfeitures	-	53	-	-	45	37	-	-	-
	Total deductions	13	14,586	16,280	686	2,585	35,559	676	(137,773)	738,995
	Increase (decrease) in net assets available for the benefits	(1,598)	(127,580)	(239,640)	(11,130)	(62,533)	(95,054)	116,102	21,381	(2,783,571)
	Net assets available for plan benefits, beginning of year	3,935	200,853	415,880	30,852	191,676	133,840	-	283,040	10,080,006
	Net assets available for plan benefits, end of year	2,337	73,273	176,240	19,722	139,143	68,786	116,102	284,421	7,296,435

INTERSTATE & LAKE LAND LUMBER CORP
PROFIT SHARING 401(K) PLAN
Statement of Net Assets Available for Plan Benefits
December 31, 2007

Investments, at fair value, as reported by		Principal Life Insurance Company		Guaranteed Interest		Money		Bond &		Government		Bond EMPH		Large Cap		Large Co		Life Term		Life Term		Life Term	
				Interest		Market		Mortgage		Securities		Balance		Stock Index		Value		STR Inc		2010		2020	
Principal Money Market SEP Account				470,323		597,202		555,448		9,422		3,421		872,350		310,825		28,386		228,384		160,816	
Principal Bond & Mortgage SEP Account																							
Principal Government Security SEP Account																							
Principal Bond EMPH Balance SEP Account																							
Principal Large Capital Stock Index SEP Account																							
Principal Large Company Value SEP Account																							
Principal Life Term STR Income SEP Account																							
Principal Life Term 2010 SEP Account																							
Principal Life Term 2020 SEP Account																							
Principal Life Term 2030 SEP Account																							
Principal Life Term 2040 SEP Account																							
Principal Life Term 2050 SEP Account																							
Principal Medium Co Value SEP Account																							
Principal PTR Large Cap BLD 1 SEP Account																							
Principal US Property Real Estate SEP Account																							
Principal Stock EMPH Balance SEP Account																							
Principal Large Co Growth SEP Account																							
Principal Medium Co Blend SEP Account																							
Principal Mid Cap Stock Index SEC Account																							
Principal Small Co Blend SEP Account																							
Principal International Stock SEP Account																							
Principal Financial Growth Inc Stock SEP Account																							
Vanguard Intermediate Term Treasury Fund																							
Fidelity ADV Growth Opportunity 1 Fund																							
Vanguard Growth & Income Fund																							
AIM Constellation Fund A SEP Account																							
AIM Large Cap Growth Fund																							
Fidelity ADV Equity Growth 1 Fund																							
Invesco Leisure Investment Fund																							
Wells Fargo ADTG Opportunity Fund																							
T. Rowe Price Growth Stock Fund																							
T. Rowe Price Science & Technology Fund																							
Vanguard Explorer Fund																							
American Century Small Cap Fund																							
T. Rowe Price New Horizon Fund																							
Vanguard Morgan Growth Fund																							
Participation Loans																							
Total Investments				470,323		597,202		555,448		9,422		3,421		872,350		310,825		28,386		228,384		160,816	
Employer's contribution receivable				470,323		597,202		555,448		9,422		3,421		872,350		310,825		28,386		228,384		160,816	
				20,997		115,572		30,286		-		-		26,432		18,324		819		18,183		5,454	
Net assets available for benefits				497,280		712,774		585,716		9,422		3,421		900,782		329,149		27,205		246,567		166,270	

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the
Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open
to Public Inspection.**

For calendar plan year 2008 or fiscal plan year beginning _____, and ending _____,

A Name of plan
INTERSTATE + LAKELAND LUMBER CORPORATION 401(K) AND PROFIT S

B Three-digit
plan number ► 002

C Plan sponsor's name as shown on line 2a of Form 5500
INTERSTATE + LAKELAND LUMBER CORP.

D Employer Identification Number
06-0401200

Part I Service Provider Information (see instructions)

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

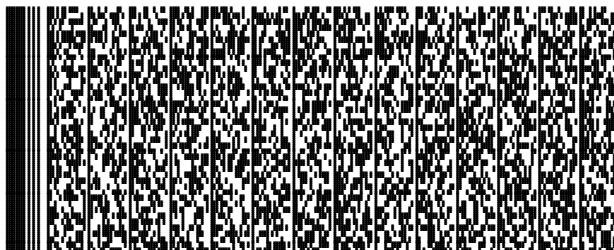
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position
PRINCIPAL LIFE INSURANCE COMPANY	42-0127290	CONTRACT ADMINISTRATOR

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
RECORDKEEPER		31455	12

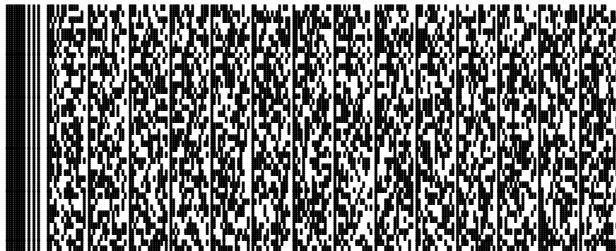
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position

(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

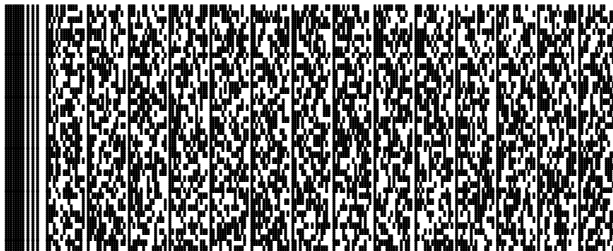
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



**SCHEDULE R
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

2008

**This Form is Open to
Public Inspection.**

For calendar year 2008 or fiscal year beginning _____, and ending _____,

A Name of plan

INTERSTATE + LAKE LAND LUMBER CORPORATION 401(K) AND PROFIT S

B Three-digit
plan number ►

002

C Plan sponsor's name as shown on line 2a of Form 5500

INTERSTATE + LAKE LAND LUMBER CORP.

D Employer Identification Number

06-0401200

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified
in the instructions

1 \$

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during
the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of
benefits). 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during
the plan year

3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue
Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 7.

5 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 of the ruling letter granting the waiver. ► Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6a Enter the minimum required contribution for this plan year

6a \$

b Enter the amount contributed by the employer to the plan for this plan year

6b \$

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left
of a negative amount)

6c \$

If you completed line 6c, do not complete the remainder of this schedule.

7 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic
approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A

Part III Amendments

8 If this is a defined benefit pension plan, were any amendments adopted during this plan year that
increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the

"No" box. (See instructions.) ☐ Increase ☐ Decrease ☐ No

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ☐ the ratio percentage test ☐ average benefit test

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

v11.3 Schedule R (Form 5500) 2008

