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

2010

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number FOREST LAND SERVICES, INC. PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1992 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number FOREST LAND SERVICES. INC. 91-1051269 (EIN) 2c Plan sponsor's telephone number P.O. BOX 129 STANWOOD, WA 98292 2d Business code (see instructions) 113310 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN FOREST LAND SERVICES, INC. P.O. BOX 129 91-1051269 STANWOOD, WA 98292 3c Administrator's telephone number 360-629-3032 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 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 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 363108 0 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 363108 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) -21854 Other income (loss)..... 8b -21854 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 337879 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 3375 Other expenses..... 8g 341254 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -363108 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

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Part IV	Dian	('harac	tarietice
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	ine instru	uctions			
art	٧	Compliance Questions								
0	Dur	ring the plan year:		Yes	No		Am	ount		
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X					
С	C Was the plan covered by a fidelity bond?									
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X					
f	Has	s 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 year end.)	10g		X					
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art		Pension Funding Compliance	1 .0.		l	<u> </u>				
11	Is th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0))				•		Yes	П No	
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod						Yes	X No	
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	C 01 30	CHOIT	JUZ 01	LINIOA			□	
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			,					
b	Ente	er the minimum required contribution for this plan year			12b					
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c					
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	ı	No	N/A	
art	VII	Plan Terminations and Transfers of Assets								
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				0	
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol		X	Yes	No	
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ch assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1					
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)	
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.				
ВВ о	r Ġch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re- nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.		,		·	,			
SIGI	F	illed with authorized/valid electronic signature. 10/07/2011 JON D. BUSE								

SIGN	Filed with authorized/valid electronic signature.	10/07/2011	JON D. BUSE
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 individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2010

This Form is Open to Public Inspection

	art I Annual Report	Identification Information							
For	or calendar plan year 2010 or fiscal plan year beginning and ending								
Α	This return/report is for:	X single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	ant plan		
В	This return/report is for:	first return/report	X final retu	rn/report					
		an amended return/report	short pla	n year return/report (less than 12 mo	onths)				
C	Check box if filing under:	c extension		☐ DFVC progra	am				
	special extension (enter description)								
Pa	art II Basic Plan Info	rmation—enter all requested infor	malion						
1a	Name of plan				1b	Three-digit	310		
FOR	EST LAND SERVICES, INC.	PROFIT SHARING PLAN				plan number	001		
					-	(PN) •	The State of the S		
					10	Effective date o			
2a	Plan sponsor's name and ad	dress (employer, if for single-employe	er plan)		2b	Employer Identi	AND		
FOR	EST LAND SERVICES, INC.				_	(EIN) 91-105			
P.O.	BOX 129				2c	Plan sponsor's 1 360-62	elephone number		
	NWOOD WA 98292				2d	Business code (
		and the second s		9 96 1 1 1 1 1 1 1		113310)		
SAM	Plan administrator's name ar	nd address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's 91-105			
0.40.00.01.00		£			30	2000 00000	elephone number		
						360-62	9-3032		
4 1	f the name and/or EIN of the pame. FIN, and the plan num	plan sponsor has changed since the l ber from the last return/report. Spons	ast return/re	eport filed for this plan, enter the	4b	4b EIN			
	nome, Env, and the plan hum	ber nom the last return/report. Spons	or s name		4c	4c PN			
5a	5a Total number of participants at the beginning of the plan year					5a			
b Total number of participants at the end of the plan year					5b				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					0.5		0		
complete this item)					5c	V	0		
	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
,	under 29 CFR 2520.104-463	(See instructions on waiver eligibility	i an indeper and condit	ions.)(IQ	PA)		⊠ Yes □ No		
	If you answered "No" to ei	ther 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.				
-	rt III Financial Inforr	nation							
7	Plan Assets and Liabilities		1 3	(a) Beginning of Year		(b) End	of Year		
a				363108			0		
<u> </u>		e 7b from line 7a)	7с	363108			0		
8 a	Income, Expenses, and Tran Contributions received or red		10/0	(a) Amount		(b) T	otal		
a		eivable from:	8a(1)						
		rs)			-				
b				-21854					
C), 8a(2), 8a(3), and 8b)					-21854		
d	Benefits paid (including direct	t rollovers and insurance premiums	98 (SI	227070	, I				
				337879					
e f		ective distributions (see instructions)							
g		ers (salaries, fees, commissions)		2075					
b h		l, 8e, 8f, and 8g)		3375	140		64.66		
i		ne 8h from line 8c)					341254		
i		see instructions)			-		-363108		
900	is (it of it) the plant		·· 8j		1 5				

Page **2-**1

Form	5500	SF	2010

Dart IV	Plan Charact	tarietice				

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 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	1001-0111-0						900	
10		uring the plan year:				Yes	No	A	mount	
а	2	as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Progr	am)	10a		Х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)									
C										
d										
е										
f		as the plan failed to provide any benefit when due under the plan?			10f		Х		- 7	
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Х			
h	If t 25	this is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and 2	9 CFR	10h		х			1
i	lf :	10h was answered "Yes," check the box if you either provided the re ceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	ne of the	10i			-11		
art		Pension Funding Compliance								
11	ls t 55	this a defined benefit plan subject to minimum funding requirements' 00))	? (If "Yes," see ins	tructions and com	plete S	Schedu	ule SB	(Form	Yes	П No
12	ls	this a defined contribution plan subject to the minimum funding requ	uirements of sectio	n 412 of the Code	or sec	tion 3	02 of E	RISA?	Yes	+
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	.)					52		
а	lf a	a waiver of the minimum funding standard for a prior year is being an anting the waiver.	nortized in this pla	n year, see instruc	tions,	and er	nter the	e date of the	letter rul	ing
lf y	ou/	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	d skip to line 13.	J1		Day_	Ye	ear	
b	Enter the minimum required contribution for this plan year									
C	En	ter the amount contributed by the employer to the plan for this plan	year			. [12c	10000		
	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)									
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
art \	10.000	T Tall Following and Transition of Assets			124					
		s a resolution to terminate the plan been adopted during the plan ye							X Yes	No
	lf "	Yes," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			0
b	of I	ere all the plan assets distributed to participants or beneficiaries, tran the PBGC?	nsferred to another	plan, or brought u	nder t	ne con	itrol	Ī	Ves	Пма
С	of the PBGC?									
13	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(PN(s)			
								7-7	(-)	
X-Es										
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed i	Injess researchi		o le s	néni-II-	had		
Jnder SB or	pe Scl	nallies of perjury and other penalties set forth in the instructions, I de hedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.	eclare that I have a	evamined this retu	mlrana			20	, a Sche wledge	edule and
SIGN		Jon & Buge 1	9/30/11	JON D. BUSE				16/08/11		78
HERE	1	Signature of plan administrator	Date /	Enter name of inc	dividua	l signi	ng as p	olan administ	ralor	
SIGN										
HERE		Signature of employer/plan sponsor	Date	Enter name of inc	dividua	l signir	no as e	employer or r	olan sno	nsor