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

	art I Annual Report Identification Information									
For	calendar plan year 2009 or fiscal plan year beginning 04/01/2009	9	and ending	03/31/2	2010					
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan					
В	This return/report is for: first return/report	final return/report								
	an amended return/report	short plar	year return/report (less than 12 mo	onths)						
С	Check box if filing under:	automatic	extension		DFVC program					
	special extension (enter descriptio	n)			_					
Pa	art II Basic Plan Information—enter all requested information	ation								
1a	Name of plan			1b	Three-digit					
L & F	SEEDS, INC. PROFIT SHARING PLAN				plan number					
				10	(PN) 🕨					
				10	Effective date of plan 04/01/1998					
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number					
	I SEEDS, INC.	. ,			(EIN) 91-1375238					
4750	W LIMIN OOD			2c	Plan sponsor's telephone number 509-234-4433					
	W. HWY 260 NELL, WA 99326			2d	Business code (see instructions)					
					111900					
	Plan administrator's name and address (if same as Plan sponsor, er		e")	3b	Administrator's EIN					
Lar	H SEEDS, INC. 4756 W. HW' CONNELL, W			30	91-1375238 Administrator's telephone number					
				30	509-234-4433					
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN					
-	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at the beginning of the plan year		4							
b	Total number of participants at the end of the plan year	5b	4							
С	Total number of participants with account balances as of the end of		0.5							
	complete this item)		. 5c	4						
	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) 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.									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year					
а	Total plan assets	. 7a	62322	28	1109294					
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	62322	.8	1109294					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	6500	00						
	(2) Participants	8a(2)	4400	_						
	(3) Others (including rollovers)	8a(3)	1100	Ť						
b	Other income (loss)	8b	37743	4						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			486434					
d	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		_						
f	Administrative service providers (salaries, fees, commissions)	. 8f		_						
g	Other expenses	. 8g	36	8						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			368					
!	Net income (loss) (subtract line 8h from line 8c)	. 8i			486066					
	Transfers to (from) the plan (see instructions)	Ωi	İ							

D (IV/	DI	O L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

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 3D 2F 2T

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Pian Charac	cterisi	iic Coo	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	During the plan year:				Ye		No	No Amour		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 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? (Doine 10a.)		· ·	10b		X			
С	Was the plan covered by a fidelity bond?				10c	X				100000
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other per per ance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	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 y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)) CFR	10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Yes	з П No
		0))his a defined contribution plan subject to the minimum funding requ							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 of the Code	01 56	Clion	JUZ UI	LNISA!	Ц 10.	, [] 110
		waiver of the minimum funding standard for a prior year is being am		year, see instruc	tions,	and e	enter th	e date of tl	he letter r	uling
	granting the waiver Month Day Year									
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b. Enter the minimum required contribution for this plan year.									
	b Enter the minimum required contribution for this plan year						12c			
d	Enter the amount continued by the employer to the plan for this plan year.									
	· · · · · · · · · · · · · · · · · · ·						N/A			
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	s X No
		'es," enter the amount of any plan assets that reverted to the emplo					13a			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e plai	n(s) to				
13c(1) Name of plan(s):					13c(2) EIN(s)			13c(3) PN(s)	
Cautio	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I dedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	01/26/2011	CINDY HERRMAN	N					
HERE										

Date

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**

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

OMB Nos. 1210-0110 1210-0089

2009

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Part I Annual Report Identification Information	04/01/20	09 and ending		03/31/201	0	
10,000,000				7		
A This return/report is for:		nployer plan (not multiemployer)	L	one-participar	it piail	
B This return/report is for:	final return	•				
an amended return/report	₫ '	year return/report (less than 12 mor	iths)	J		
C Check box if filing under:	automatic	extension	L.	DFVC prograi	m	
special extension (enter descrip	tion)					
Part II Basic Plan Information—enter all requested information	mation		41 -			
1a Name of plan				Three-digit plan number		
L & H Seeds, Inc. Profit Sharing Plan				PN) 🕨	002	
				Effective date of 04/01/1998		
2a Plan sponsor's name and address (employer, if for single-employed L $\&$ H Seeds , Inc .	er plan)			Employer Identif EIN) 91-137		
				Plan sponsor's t (509) 234 - 4	elephone number 1433	
4756 W. Hwy 260 Connell		WA 99326		Business code (111900	see instructions)	
3a Plan administrator's name and address (if same as Plan sponsor,	enter "Same		3b /	Administrator's I	EIN	
Same			3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the	last return/rep	port filed for this plan, enter the	4b EIN			
name, EIN, and the plan number from the last return/report. Spon	sor's name		4c	PN		
5a Total number of participants at the beginning of the plan year			5a	a		
b Total number of participants at the end of the plan year		A	5b		4	
C Total number of participants with account balances as of the end complete this item)	ear (defined benefit plans do not	5c		4		
6a Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)			X Yes No	
b Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibili	of an indeper ty and conditi	ndent qualified public accountant (ICons.))PA)		X Yes No	
If you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	OU.			
Part III Financial Information	11.555.54	(a) Regioning of Vear		(b) End	of Year	
7 Plan Assets and Liabilities	15, 13 - 1-1	(a) Beginning of Year 623, 22	(b) End of Year		1,109,294	
a Total plan assets	7a 7b	020/***				
b Total plan liabilities		623,2	2.8		1,109,294	
C Net plan assets (subtract line 7b from line 7a)		(a) Amount	(b) Total			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		1	188			
a Contributions received or receivable from: (1) Employers	8a(1)	65,0				
(2) Participants	8a(2)	44,0	00			
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	377,4	34		406 40	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			1.00		486,434	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		_			
e Certain deemed and/or corrective distributions (see instructions	1					
f Administrative service providers (salaries, fees, commissions)			_			
g Other expenses	l l	3	68		368	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1				·····	
i Net income (loss) (subtract line 8h from line 8c)			N		486,06	
j Transfers to (from) the plan (see instructions)	····· 8j				# # # # # # # # # # # # # # # # # # #	

	Foi	m 5500-SF 2009 Page 2-						
Par	- N/	Plan Characteristics						
9a	If the plai	provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. $2E 2G 2J 3D 2F 2T$ provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.						
Part	V Co	mpliance Questions						
10		ne plan year:		Yes	No	,	mount	
а	Was the	re a failure to transmit to the plan any participant contributions within the time period described in 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b	on line 1	ere any nonexempt transactions with any party-in-interest? (Do not include transactions reported 0a.)	10b		Х		****	
С	Was th	plan covered by a fidelity bond?	10c	X			1.	00,000
d	or disho	plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		х			
е	ineuran	y fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, the service or other organization that provides some or all of the benefits under the plan? (See ons.)	10e		х			
f		plan failed to provide any benefit when due under the plan?	10f		Х			
		plan have any participant loans? (If "Yes," enter amount as of year end.)	10a		X	***************************************		
g h	If this is	an individual account plan, was there a blackout period? (See instructions and 29 CFR 1-3.)	10h		Х			
i	If 10h w	as answered "Yes," check the box if you either provided the required notice or one of the ons to providing the notice applied under 29 CFR 2520.101-3	10i		х			
Pari		nsion Funding Compliance						
11	Is this a 5500)).	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor	,			************		s X No
12	Is this	defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or s	ection	302 of	ERISA?	Ye	s 🛛 No
а	if a wai	complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) er of the minimum funding standard for a prior year is being amortized in this plan year, see instructed the waiver	uctions	s, and	enter t	he date of th	ne letter r Year	ruling
If	you con	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	i.	F				
	b Enter the minimum required contribution for this plan year							
c	Enter th	e amount contributed by the employer to the plan for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12c			
C	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a						X N/A	
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X N/A
Par	t VII	Plan Terminations and Transfers of Assets					<u> </u>	
13a	Hasaı	esolution to terminate the plan been adopted during the plan year or any prior year?		.,,,,,,			Ye	s X No
	If "Yes	enter the amount of any plan assets that reverted to the employer this year	,,,,,,		13a			
t	Were a	Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?	t unde	er the c	,,		Ye	es X No
C	If durin	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)	the p				140	(0) DA((-)
	13c(1) N	ame of plan(s):		1	3c(2) [±IN(s)	130	(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

belies, a lo tide, bolloot, and bolloot,							
SIGN	Spirit Jerenen	1.10.200	Cindy Herrman				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN 5	Lucy Dend harman	1.10.2011	Cindy Herrman				
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				