Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		uance wit	ii the instructions to the Form 5500	-эг.		_
	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 04/01/201	11	and ending 03	3/31/2	2012	
Α .	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	an year return/report (less than 12 mor	nths)		
C	Check box if filing under: Form 5558	automatio	extension		DFVC program	
	special extension (enter descripti	on)		,	_	
Pa	art II Basic Plan Information—enter all requested inform	nation				_
	Name of plan			1b	Three-digit	_
	H SEEDS, INC. PROFIT SHARING PLAN				plan number	
					(PN) ▶ 002	
				1c	Effective date of plan 04/01/1998	
2a	Plan sponsor's name and address; include room or suite number (e	employer if	for a single-employer plan)	2h	Employer Identification Number	_
	H SEEDS, INC.	omployon, ii	rior a origin originally		(EIN) 91-1375238	
				2c	Sponsor's telephone number	_
4756	s W. HWY 260				509-234-4433	
	NELL, WA 99326			2d	Business code (see instructions)	
					111900	
	Plan administrator's name and address (if same as plan sponsor, et SEEDS, INC. 4756 W. HW		9 ")	3b	Administrator's EIN 91-1375238	
Lan	CONNELL, V		<u> </u>	3c	Administrator's telephone numbe	r
					509-234-4433	
4	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	
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	DNI	
	Total number of participants at the beginning of the plan year			то 5а	111	_
b	Total number of participants at the end of the plan year					
C	Number of participants with account balances as of the end of the		<u> </u>	5b		_
	complete this item)			5с		3
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)		X Yes 🗌 N	Ю
b	Are you claiming a waiver of the annual examination and report of				V v □ N	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,		X Yes [] N	10
Do	If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	·OIIII 5500-	SF and must instead use Form 550	υ.		_
					(I) = 1 (V	_
7	Plan Assets and Liabilities	_	(a) Beginning of Year 1376442		(b) End of Year 1203875	_
a	Total plan assets		6330		1200010	_
b	Total plan liabilities		1370112		1203875	_
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7с				_
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total	_
а	(1) Employers	8a(1)	22500			
	(2) Participants	8a(2)	39500			
	(3) Others (including rollovers)	. 8a(3)				
b	Other income (loss)	8b	-51507			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10493	
d	Benefits paid (including direct rollovers and insurance premiums		476200			
_	to provide benefits)		176288	-		
e	Certain deemed and/or corrective distributions (see instructions)		442			
f	Administrative service providers (salaries, fees, commissions)		442			
g	Other expenses				476700	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				176730	
! :	Net income (loss) (subtract line 8h from line 8c)				-166237	
J	Transfers to (from) the plan (see instructions)	8j				

_			
Form	5500-	SF 20	111

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Part IV	Plan	Characteris	tics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

2E 2G 2J 3D 2F 2T

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

)	V Compliance Questions		1					
	During the plan year:		Yes	No		Am	ount	
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	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Χ					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance		<u> </u>					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					 Г	Yes	Пи
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod							
	is this a defined contribution plan subject to the minimum randing regularities of section 412 of the cour	e or se	ction 3	302 of I	ERISA?		Yes	X N
	, , ,	e or se	ction 3	802 of I	ERISA?	·	Yes	X N
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ıctions,	and e	nter th	e date o	of the le	tter rul	ப ng
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	ictions,	and e	nter th	e date o	of the le	tter rul	ng
a If y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions, nth	and e	nter th	e date o	of the le	tter rul	ng
a If y b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ictions, nth	and e	nter th Day	e date o	of the le	tter rul	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year.	octions,	and e	nter th Day	e date o	of the le	tter rul	ng
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nctions, nth	and e	nter th Day 12b 12c 12d	e date o	of the le	tter rul	
a If y b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nctions, nth	and e	nter th Day 12b 12c 12d	e date d	of the le	tter rul	ng ———
a lfy b c d	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor couracompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	nctions, nth	and e	12b 12c 12d	e date o	of the le	tter rul	ng ———
a lfy b c d e	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	octions,	and e	12b 12c 12d	e date o	of the le	tter rul	ng
a If y b c d e art '	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year?	octions, nth of a	and e	12b 12c 12d	e date o	of the le Yea	tter rul r	ng
a If y b c d e art ' 3a b	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Moreou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a	and e	12b 12c 12d	e date o	of the le Yea	tter rul	ng
a If y b c d e art ' 3a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	tter rul r	ng N/A
a If y b c d e art ' 3a b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	tter rul	ng

SB or Schedule MB completed and sig belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/28/2012	CINDY HERRMAN
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

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Employee Benefits Security Administration	Complete all entries in accordance	with the i	nstructions to the Form 5500-	SF.	
Pension Benefit Guaranty Corporation	Complete all entries in accordance	William !			3/31/2012
Part I Annual Report	t Identification Information)1/2011	and ending	0	
For calendar plan year 2011 or f	iscal plan year beginning	utinle-empl	oyer plan (not multiemployer)		a one-participant plan
A This return/report is for:	X a single-employer plan				
	the first return/report the fi	inal return/	report	aths)	
B This return/report is:			ar return/report (less than 12 mor	т	DFVC program
	Form 5558 auto	matic exte	nsion	L] Bi ve bregieni
C Check box if filing under:	special extension (enter description)				
Part II Basic Plan In	formation—enter all requested information				Three-digit plan number
f -1	THE CURPING DIAN			,	(PN) • 002
L & H SEEDS, INC. F	PROFIT SHARING PLAN				Effective date of plan
				(04/01/1998
			(and an analysis	2h	Employer Identification Number
la a serie and	address; include room or suite number (emplo	oyer, if for	a single-employer plan)	20	(EIN) 91-1375238
2a Plan sponsor's name and L & H SEEDS, INC.	address, morace in				Sponsor's telephone number
4756 W. HWY 260				20	509-234-4433
4/56 W. IIWI 200				2d	Business code (see instructions)
_	WA 99326				111900
CONNELL					Administrator's EIN
- Livinterio nami	e and address (if same as plan sponsor, enter	· "Same")		1	91-1375238
L & H SEEDS, INC. 4756 W. HWY 260	e and data to the			3c	Administrator's telephone number
				<u> </u>	509-234-4433
CONNELL	WA 99326 of the plan sponsor has changed since the last return/report.	return/rep	ort filed for this plan, enter the	4b	EIN
4 If the name and/or EIN of	of the plan sponsor has changed since the last	10101111111		40	PN
name, EIN, and the plan	I Humber from the least				4
a Sponsor's name	ants at the beginning of the plan year			. <u>5</u> a	3
				. 5b)
b Total number of particip	with account balances as of the end of the pla	ın vear (de	fined benefit plans do not	E-	3
c Number of participants	with account balances as of the end of the pla			50	
complete this item)		1-0/6	See instructions)		
6a Were all of the plan's a	assets during the plan year invested in eligible ver of the annual examination and report of ar MAG2 (See instructions on waiver eligibility ar	n independ	ent qualified public accountant (l	QPA)	X Yes No
l a laiming 3 W3I	ver of the annual examination	ومنفنات با	00 \		
under 29 CFR 2520.10	04-46? (See instructions on waiver eligibility ar 10 to either 6a or 6b, the plan cannot use For	rm 5500-S	F and must instead use i offin		
Part III Financial II	nformation	— т		\top	(b) End of Year
			(a) Beginning of Year	442	120387.
7 Plan Assets and Liabil	nics	7a		330	
a Total plan assets		7b		+	120387
b Total plan liabilities	71 from line 72)	7c	1370	112	
c Net plan assets (subtr	act line 7b from line 7a)		(a) Amount		(b) Total
8 Income, Expenses, ar	nd Transfers for this Plan Year		21	500	
	1 as sociuable IfOIII	8a(1)			
(1) Employers	1 Of Leceivanic mann	8a(2)	39	9500	
(2) Participants					
(3) Others (including	rollovers)		-5	1507	1049
La Other income (loss)		·			104
Li (add lin	es 8a(1), 8a(2), 8a(3), and 80)	·		C200	
			17/	6288	7
- de honofite)		8e			4
a Cortain deemed and	for corrective distributions (see instructions)	··}		442	2
Administrative service	ce providers (salaries, fees, commissions)	·· 			
Cibar ovnonces		09			1767
L Tatal expenses (add	Hines 8d. 8e, 8f, and 8g)	··· 			-1662
U Total expenses (add	subtract line 8h from line 8c)	8i			
Net income (loss) (s	he plan (see instructions)	8j			Form 5500-SF (20
Transfers to (from) t	The plant (see mondered)	or Form 5500	SF.		v.012

	c .	orm 5500-SF 2011	Page 2 -			_			
								1 to the mail	
Part	IV	Plan Characteristics plan provides pension benefits, enter the applicable pension feature cod	es from the List of	Plan Charac	terist	ic Cod	ies in the	e instructions.	
Эа	If the 2E	2G 2J 3D 2F 2T	e from the List of E	Plan Charact	eristic	: Code	es in the	instructions:	
b	If the	plan provides $\frac{1}{2}$	S HOIN GIO ELE						
Part	V	Compliance Questions				Yes	No	Amou	int
10	Duri	ng the plan year:	the time period d	escribed in			Х		
а	29	ng the plan year: s there a failure to transmit to the plan any participant contributions within CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corn re there any nonexempt transactions with any party-in-interest? (Do not i	nclude transaction	is reported	10a		Х		
b					10b 10c	Х			100000
С		11 Edolity bond?							
d		the plan covered by a lidelity bolid?			10d		X		
е	or o	dishonesty? re any fees or commissions paid to any brokers, agents, or other person	s by an insurance	carrier, n? (See	10e		Х		
	ins	urance service or other organization that provides some or all of the bent tructions.)			10f		Х		
f	Ha	tructions.)s the plan failed to provide any benefit when due under the plan?	and \		10g		Х		
ć		s the plan lailed to provide any series. I the plan have any participant loans? (If "Yes," enter amount as of year his is an individual account plan, was there a blackout period? (See instr			10h		Х		
1	1 Ift 25	his is an individual account plan, was there a blackout period? (Gee lines.)	ad notice or one of	the					
i	lf :	20.101-3.)			10i				
Da	rt VI	- u O-malianco		v	mplete	a Sche	edule SE	(Form	Yes ∏ No
11	55 ! Is	ion))	nents of section 4	12 of the Coo	de or s	section	n 302 of d enter th	ERISAT L	Yes X No
	gı	anting the waiver	orm 5500), and s	kip to line 13	3.				
							12b		
							12c		
	d s	subtract the amount in line 12c from the amount in line 12b. Enter the				·	12d		T NIA
	r	Subtract the amount in line 12c from the amount in line 12b. Enter the research amount) Will the minimum funding amount reported on line 12d be met by the fund	ling deadline?	<u>.</u>				Yes	No N/A
_								V V No	
P	art V	dopted in any plan year?						Yes X No	
1									
_	h	More all the plan assets distributed to participants or beneficiaries, trans	letted to dilottion b				e control	İ	Yes X No
		of the PBGC?	s plan to another p	olan(s), identi	fy the	plan(13c(2)		13c(3) PN(s)
_	4.	which assets of manifest were asset with the control of the contro			-+		100(=)		
_		SC(1) Nume of print /							
					واطوس		en is ast	ablished.	
_	Caut	on: A penalty for the late or incomplete filing of this return/report w	ill be assessed u	inless reaso	retu	n/rep	ort, inclu	ding, if applical	ole, a Schedule
	Unde	r penalties of perjury and other penalties set for in the instruction of penalties are set for in the instruction of the penalties set for instruction of the penalties set	eciare that i have e the electronic vers	sion of this re	turn/r	eport,	and to th	ne best of my k	nowledge and
	belie	it is true, correct, and complete.	5.24.12	Cindy He	errm	nan			
	SIG	N Gendy Levana	3.3 7.75				al signin	g as plan admi	nistrator
HERE Signature of plan administrator Date Enter Hame of Incompany Date Da									

Date

SIGN HERE

Signature of employer/plan sponsor

6.24

Cindy Herrman

Enter name of individual signing as employer or plan sponsor