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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.	
Part I		Identification Information				
For calenda	ar plan year 2012 or fi	scal plan year beginning 04/01/2	2012	and ending 0)3/31/2	2013
	urn/report is for:	a single-employer plan	H	olan (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths))
C Check I	oox if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descr	iption)			
Part II	Basic Plan Info	ermation—enter all requested info	ormation			
1a Name	•				1b	Three-digit
	S, INC. PROFIT SHAF	RING PLAN				plan number
						(PN) • 002
					1c	Effective date of plan
30 Diame					Ol-	04/01/1998
L & H SEED		dress; include room or suite numbe	er (employer, if for a single	e-employer plan)	20	Employer Identification Number (EIN) 91-1375238
					2c	Sponsor's telephone number
4756 W. HW	/Y 260					509-234-4433
CONNELL, \	WA 99326				2d	Business code (see instructions) 111900
		nd address Same as Plan Spons	<u></u>	n Sponsor Address	3b	Administrator's EIN 91-1375238
& H SEEDS	, INC.	4756 W. H CONNELL,	WY 260 , WA 99326		3c	Administrator's telephone number
						509-234-4433
					<u> </u>	
		e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b	EIN
		mber from the last return/report.			4c	DN
a Sponse		at the beginning of the plan year			-	
		at the beginning of the plan year				3
		at the end of the plan year			5b	2
		account balances as of the end of t	. , ,	•	5с	2
6a Were	all of the plan's assets	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No
b Are yo	ou claiming a waiver of	f the annual examination and report	t of an independent qualifi	ed public accountant (IQ	PA)	
		? (See instructions on waiver eligibi				_
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this return	•			
		her penalties set forth in the instruc				
	true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	rsion or this return/report	., and	to the best of my knowledge and
,	· · · · ·					
SIGN	Filed with authorized/	valid electronic signature.	09/23/2013	CINDY HERRMAN		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual siç	gning as plan administrator
SIGN						
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	gning as employer or plan sponsor
Preparer's		name, if applicable) and address; in				parer's telephone number (optional)
					1	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	d of Y	ear		
a	Total plan assets		1203875			(b) End of Year 1473590					
	Total plan liabilities	7a 7b									
	Net plan assets (subtract line 7b from line 7a)	7c	120387	' 5		1473590					
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
	Contributions received or receivable from:		(u) Amount	(b) Total							
	(1) Employers	0									
	(2) Participants	00									
	(3) Others (including rollovers)	8a(3)	550	00							
b	Other income (loss)	8b	18331	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							30181°	7	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3174	7							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	35	5							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3210	2	
	Net income (loss) (subtract line 8h from line 8c)	8i							26971		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	_ <u> </u>									
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
b	 ZE 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: 										
_											
Par					1		I				
10	During the plan year:				Yes	No		Am	ount		
	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)										
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					150	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	40		X					•
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i							
Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11a	a Enter the amount from Schedule SB line 39										
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?										
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)											
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.										
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	b Enter the minimum required contribution for this plan year										
			· · · · · · · · · · · · · · · · · · ·								

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С	Enter the amount contributed by the employer to the plan for this plan year.		12	c.			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)		12	d!			
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?		. [Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		X	Y	es N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year	13	а			
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?	red to another plan, or brought under	the conti	rol 		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another plan(s), identify the pla	n(s) to			_	
1	3c(1) Name of plan(s):		13c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)					•	
14a 1	Name of trust		14k) Tr	ust's EIN		

Form 5500-SF

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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).

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		Identification Information								
For calend	ar plan year 2012 or fis	cal plan year beginning	04/01/2012	and ending	03/31/2013					
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer	olan (not multiemployer)	r) a one-participant plan					
B This ref	B This return/report is: the first return/report the final return/report									
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)					
C Check	box if filing under:	DFVC program								
special extension (enter description)										
Part II	Basic Plan Infor	rmation—enter all requested infor	mation							
1a Name	of plan			1	1b Three-digit					
L & H	SEEDS, INC. PF	ROFIT SHARING PLAN			plan number (PN) • 002					
	1c Effective date of plan 04/01/1998									
	ponsor's name and add SEEDS, INC.	dress; include room or suite number	(employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91–1375238					
4756 W	. HWY 260	į			2c Sponsor's telephone number 509-234-4433					
CONNEL:	L	WA 99326			2d Business code (see instructions)					
3a Plan a	dministrator's name and	d address Same as Plan Sponsor	Name Same as Pla	n Sponsor Address	3b Administrator's EIN					
L & H :	SEEDS, INC.				91-1375238					
4756 W	. HWY 260				3c Administrator's telephone number 509-234-4433					
CONNEL:	Τ.	WA 99326								
COMMEL.		WA 99320								
4 If the r	name and/or EIN of the	plan sponsor has changed since the other from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN					
4 If the r	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed f	or this plan, enter the	4b EIN 4c PN					
4 If the r name a Spons	name and/or EIN of the , EIN, and the plan num or's name	plan sponsor has changed since the								
4 If the r name a Spons 5a Total r b Total r	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants a	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year			4c PN					
4 If the r name a Spons 5a Total r b Total r c Numb	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a	plan sponsor has changed since the ober from the last return/report.	e plan year (defined ben	efit plans do not	4c PN 3					
4 If the r name a Spons 5a Total r b Total r c Numb compl	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben	efit plans do not	4c PN 5a 5b 2 5c					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are yo	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben ible assets? (See instru f an independent qualifi	efit plans do not ctions.)ed public accountant (IQI	4c PN 5a 3 5b 2 5c 2 X Yes No No					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben ible assets? (See instru if an independent qualifi y and conditions.)	efit plans do not ctions.)ed public accountant (IQI	4c PN 5a 3 5b 2 5c 2 X Yes No No PA) X Yes No					
4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	ible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI	4c PN 5a 3 5b 2 5c 2 X Yes No No PA) Yes No Form 5500. No					
4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben ble assets? (See instruction of an independent qualifity y and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau	4c PN 5a 3 5b 2 5c 2					
4 If the r name a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pens SB or Sche	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben bible assets? (See instruc- if an independent qualifi y and conditions.) anot use Form 5500-SF eport will be assessed ons, I declare that I have	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep	4c PN 5a 3 5b 2 5c 2 X Yes No No PA) Yes No Form 5500. No					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is f	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben bible assets? (See instruc- if an independent qualifi y and conditions.) anot use Form 5500-SF eport will be assessed ons, I declare that I have	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/rep	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under penas B or Schebelief, it is to	name and/or EIN of the , EIN, and the plan num or's name number of participants a number of participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben bible assets? (See instruc- if an independent qualifi y and conditions.) anot use Form 5500-SF eport will be assessed ons, I declare that I have	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, rsion of this return/report,	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is f	name and/or EIN of the EIN, and the plan numor's name number of participants and the plan for participants are referred participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben ble assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.)ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, rsion of this return/report,	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total range b Total range 6a Were b Are younder If you Caution: A Under pena SB or Sche belief, it is to	name and/or EIN of the EIN, and the plan numor's name number of participants and participants are referred participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	e plan year (defined ben ble assets? (See instruction of an independent qualificity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, rsion of this return/report, Cindy Herrman Enter name of individu	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total range b Total range 6a Were b Are younder If you Caution: A Under penass or Schebelief, it is to sign Here	name and/or EIN of the EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	ible assets? (See instruction of an independent qualifity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, Cindy Herrman Enter name of individu	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE	name and/or EIN of the EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	ible assets? (See instruction of an independent qualifity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, Cindy Herrman Enter name of individu	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE	name and/or EIN of the EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	ible assets? (See instruction of an independent qualifity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, Cindy Herrman Enter name of individu	4c PN 5a 3 5b 2 5c 2					
4 If the range a Spons 5a Total r b Total r c Numb compl 6a Were b Are younder If you Caution: A Under pena SB or Schebelief, it is to SIGN HERE	name and/or EIN of the EIN, and the plan numor's name number of participants and participants are of participants with a lete this item)	plan sponsor has changed since the other from the last return/report. at the beginning of the plan year	ible assets? (See instruction of an independent qualifity and conditions.)	efit plans do not ctions.) ed public accountant (IQI and must instead use unless reasonable cau examined this return/report, Cindy Herrman Enter name of individu	4c PN 5a 3 5b 2 5c 2					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year		
а	Total plan assets	7a	120	387	5		1473590		
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	120	3387	5		1473590		
8	Income, Expenses, and Transfers for this Plan Year				(b) Total				
a	Contributions received or receivable from:	5 (4)		6700					
harrow and the same	(1) Employers	8a(1)		4600	_				
	(2) Participants	8a(2)		550	-				
	(3) Others (including rollovers)	8a(3)	1 '	8331	-				
	Other income (loss)	8b	Ι.	3331	+		301817		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+		301017		
u	to provide benefits)	8d		3174	7				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		35	5				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					32102		
i	Net income (loss) (subtract line 8h from line 8c)	8i					269715		
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics					aria de la compansión de			
9a b Par									
10	t V Compliance Questions During the plan year:			I	Yes	No	Amount		
a				10a		Х	, and an		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х			
C				10c	Χ		150000		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х	9		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								
11a	11a Enter the amount from Schedule SB line 39								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	a 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 letter ruling granting the waiver								
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T		
b	Enter the minimum required contribution for this plan year					12b			