## 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).

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

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Ic	dentification Information									
For calenda	dar plan year 2012 or fiscal plan year beginning 04/01/2013 and ending 06/25/2013										
A This ret	urn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)	r) a one-participant plan						
<b>B</b> This ret	urn/report is:	the first return/report X t	the final return/report		_						
		an amended return/report X	short plan year retur	n/report (less than 12 m	onths	)					
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım				
	Ī	special extension (enter description	n)								
Part II	Basic Plan Inforr	mation—enter all requested informat	tion								
1a Name of plan						Three-digit					
L & H SEEDS, INC. PROFIT SHARING PLAN					plan number	002					
				10	(PN)	002					
					1c Effective date of plan 04/01/1998						
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) L & H SEEDS, INC.					2b Employer Identification Number (EIN) 91-1375238						
4756 W HW	/V 260				2c Sponsor's telephone number 509-234-4433						
4756 W. HWY 260 CONNELL, WA 99326				2d	see instructions)						
3a Plan a		address Same as Plan Sponsor Na		n Sponsor Address	3b Administrator's EIN 91-1375238						
α Π ΘΕΕΙΙΘ	, INC.	CONNELL, WA			3с	Administrator's t	telephone number				
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b	EIN					
name, EIN, and the plan number from the last return/report. <b>a</b> Sponsor's name			4c PN								
5a Total number of participants at the beginning of the plan year			5a		2						
<b>b</b> Total number of participants at the end of the plan year			5b		0						
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c		0						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No				
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQI under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No					
lf you	answered "No" to eith	ner line 6a or line 6b, the plan canno	t use Form 5500-SF	and must instead use	Form	<u> 5500.</u>					
		incomplete filing of this return/repo									
SB or Sche		er penalties set forth in the instructions, I signed by an enrolled actuary, as wel ete.									
SIGN				CINDY HERRMAN							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ninistrator						
SIGN											
HERE	Signature of employe					ridual signing as employer or plan sponsor					
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) JODI CALHOUN RANDALL & HURLEY, INC. 601 W RIVERSIDE, SUITE 1600 SPOKANE, WA 99201			Preparer's telephone number (optional) 509-838-5500								

Form 5500-SF 2012 Page **2** 

Por	t III Financial Information									
Par		(a) Deminute of Ver								
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-	(b) End of Year				
	Total plan assets	7a	147359	<del>1</del> 0	-		0			
	Total plan liabilities	7b	4.47050	<u> </u>	-					
	Net plan assets (subtract line 7b from line 7a)	7c	147359	90	-	0				
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount			(b) Total				
а	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2162	25						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					21625			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	149521	5						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1495215			
i	Net income (loss) (subtract line 8h from line 8c)	8i					-1473590			
j	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	, ,	l		·					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructions:			
Part	V Compliance Questions									
10						No	Amaunt			
	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)				Yes	Х	Amount			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					X				
	Was the plan covered by a fidelity bond?			10c	Χ		400000			
d	<u> </u>			100			100000			
	or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				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						X				
	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Χ				
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR			10g 10h		X				
i	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									
Dort	1 1 5 11	ı -J		10i						
Part 11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below)									
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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year			
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
<b>b</b> Enter the minimum required contribution for this plan year						12b				
	· · · · · · · · · · · · · · · · · · ·			_						

Form 5500-SF 2012 Page <b>3</b> - 1						
Enter the amount contributed by the employer to the plan for this plan year	12c					
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)	12d					
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
VII Plan Terminations and Transfers of Assets						
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No				
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol	ntrol X Yes N				
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.)	0		_			
3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)		
VIII Trust Information (optional)			<u> </u>			
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year		

14b Trust's EIN

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lahor 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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public ☐ Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection

Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 04/01/2013 and ending 06/25/2013 X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension ☐ DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit L & H Seeds, Inc. Profit Sharing Plan plan number 002 (PN) 1c Effective date of plan 04/01/1998 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) L & H Seeds, Inc. 2b Employer Identification Number (EIN) 91-1375238 4756 W. Hwy 260 Sponsor's telephone number 509-234-4433 2d Business code (see instructions) Connell MA 99326 111900 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address Administrator's EIN 91-1375238 L & H Seeds, Inc. 3c Administrator's telephone number 4756 W Hwy 260 509-234-4433 Connell 99326 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. 4b EIN a Sponsor's name 5a Total number of participants at the beginning of the plan year .....  $oldsymbol{b}$  Total number of participants at the end of the plan year . 5a 2 c Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5b 0 complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... 0 Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. X Yes No 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 SIGN rime Cindy Herrman HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address, include room or suite number (optional) Date Jodi Calhoun Preparer's telephone number (optional) Randall & Hurley, Inc. 509-838-5500 601 W Riverside, Suite 1600 Spokane WA 99201 For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Pa	art III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year				-
a	Total plan assets	7a	14	1735	90					-	
b	Total plan liabilities	7b							Military and Company and Company	NAME OF TAXABLE PARTY.	Martin San San San San San San San San San Sa
C	Net plan assets (subtract line +b from line +a)							-			
8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(t	) Tota	al		
a	Contributions received or receivable from:			***************************************							
	(1) Employers				-						
-	(2) Participants				_						
	(3) Others (including rollovers).	8a(3)		0.0.0	-						
	Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)			216	25						
d	Benefits paid (including direct rollovers and insurance premiums	8c								2.	162
	to provide benefits)	8d	14	1952	15						
e	Certain deemed and/or corrective distributions (see instructions	) 8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g								-	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7	495	521
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								473	
J	Transfers to (from) the plan (see instructions)	8j		-						4/-	709
-	nt IV Plan Characteristics					-					
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D 2F 2T	ion feature codes	from the List of Plan Char	acteri	stic Co	odes ii	n the instr	uction	IS:	***************************************	
b	If the plan provides welfare benefits, enter the applicable welfar	e feature codes f	rom the List of Dian Chan				-				-
		o roditare codes r	ioni the List of Man Chara	cterist	ic Coc	les in	the instru	ctions	:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	1	-		-	
	Was there a failure to transmit to the plan any participant contri 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F	JOHNSON CARROLL	on Dec		103	X		Am	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	est? (Do not inclu	do transactions	10a		Х					-
С	Was the plan covered by a fidelity bond?			10b	Х	21	-			100	006
d	Did the plan have a loss, whether or not reimbursed by the plan	e fidelity band t	hot was several land	100		Х				100	000
e	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or insurance confice or other control and to any brokers.	other persons by	:_	10d		21					
	insurance service or other organization that provides some or a instructions.)	11 -641 - 1	The state of the s	40.		Х					
f	Has the plan failed to provide any benefit when due under the p	olan?		10e							
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					X					
h	If this is an individual account plan, was there a blackout period	as or year end.)		10g		Х					
	2020.101-0.)			10h	1	х					
İ	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				1						
Part	VI Pension Funding Compliance	101-3		10i							
11	Is this a defined benefit plan subject to minimum function	ments? (If "Yes."	See instructions and com-	nlata S	chodu	ula SE	) / [ a max				
						iie 2R	(⊢orm	П	Yes		No
12	Seriodale OD lifte 39										
12	is this a defined contribution plan subject to the minimum fundin	g requirements o	f section 412 of the Code	or sec	tion 30	 02 of F	ERISA?	ПП	Yes	1 1	No.
2	10 165, complete line 128 of lines 12h 12c 12d and 12c balan	w oc oppliantly									40
d	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	eing amortized in	this plan year, see instruct	ions, a	and en	ter the	e date of t	the let	ter ruli	na	
If y	granting the waiver	IA MD /Farm FF	Month	1		Day _		Year		9	
b	Enter the minimum required contribution for this plan year	iie iiiib (Lotiii 22)	ν), and skip to line 13.	-	T .	<u> </u>					
	, and a state of the prainty edi				1	2b					