Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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 If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RIO FARMS, PRM HEALTH PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

RIO FARMS

P.O.BOX 605
KING CITY, CA 93902

2b Employer Identification Number (EIN) 77-0009052

2c Sponsor's telephone number 831-385-6225

2d Business code (see instructions) 111210

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	SARAH GNAT
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
RIO FARMS

P.O.BOX 605
KING CITY, CA 93902

3b Administrator's EIN
77-0009052

3c Administrator's telephone number
831-385-6225

4 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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	169
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	178
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	178
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)		**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIO FARMS, PRM HEALTH PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
RIO FARMS

D Employer Identification Number (EIN)
77-0009052

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE & HEALTH INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0883662	80926	005-1241-00	184	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
229	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SKA LIFE AGENCY INC
6770 N WEST STE 103
FRESNO, CA 93711

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
229			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [X] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [ ] Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	5077
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

N/A

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIO FARMS, PRM HEALTH PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
RIO FARMS

D Employer Identification Number (EIN)
77-0009052

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LLOYDS OF LONDON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-1128987	0000	LL-0092-010108	94	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NONE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add **b** and **c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [ ] Life insurance
- **e** [ ] Temporary disability (accident and sickness)
- **f** [ ] Long-term disability
- **g** [ ] Supplemental unemployment
- **h** [ ] Prescription drug
- **i** [ ] Stop loss (large deductible)
- **j** [ ] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ STOP-LOSS

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	66535
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

N/A

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan	**B** Three-digit plan number (PN) ▶
RIO FARMS, PRM HEALTH PLAN	510
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
RIO FARMS	77-0009052

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NIKSSARIAN INSURANCE SERVICES

20-0307796

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	61423	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PINNACLE CLAIMS MANAGEMENT

68-0324254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	44898	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PACIFIC STATES ASSET MANAGEMENT

77-0478781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	8072	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HEMMING MORSE CPAS & CONSULTANT INC

30-0702322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7982	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

EADSON COMPLIANCE CENTER

11-1111111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6185	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIO FARMS, PRM HEALTH PLAN

B Three-digit plan number (PN) ▶ 510

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RIO FARMS

D Employer Identification Number (EIN)
77-0009052

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC RISK MANAGEMENT PLAN

b Name of sponsor of entity listed in (a): PACIFIC RISK MANAGEMENT PLAN

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
77-0632048-501	E	-1956550

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
RIO FARMS, PRM HEALTH PLAN

B Three-digit plan number (PN) ▶ 510

C Plan sponsor's name as shown on line 2a of Form 5500
RIO FARMS

D Employer Identification Number (EIN)
77-0009052

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	-1964142	-1956550
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	-1964142	-1956550
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-1964142	-1956550

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1400655	
(B) Participants	2a(1)(B)	174922	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1575577
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		28
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		6514
d Total income. Add all **income** amounts in column (b) and enter total	2d		1582119
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1276704	
(2) To insurance carriers for the provision of benefits	2e(2)	73506	
(3) Other	2e(3)	134016	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1484226
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	38657	
(2) Contract administrator fees	2i(2)	44898	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6746	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		90301
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1574527
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		7592
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HEMMING MORSE CPAS AND CONSULTANTS **(2)** EIN: 30-0702322

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

PACIFIC RISK MANAGEMENT
HEALTH BENEFIT PLAN

FINANCIAL STATEMENTS

December 31, 2011 and 2010

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
FINANCIAL STATEMENTS
December 31, 2011 and 2010

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HEMMING
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INDEPENDENT AUDITOR'S REPORT

Plan Management
Pacific Risk Management Health Benefit Plan

We have audited the accompanying statements of net assets available for benefits and of Plan benefit obligations for Pacific Risk Management Health Benefit Plan as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits and of changes in Plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly in all material respects, the financial status of the Pacific Risk Management Health Benefit Plan as of December 31, 2011 and 2010 and the changes in financial status for the years ended December 31, 2011 and 2010 are in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. Supplementary data contained in Schedule 1 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hemming Morse

San Francisco, California
October 11, 2011

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS
December 31, 2011 and 2010

ASSETS

	2011	2010
Receivables :		
Due from employers (Notes 1C and 2B)	$ 332,913	$ 189,127
Due from related entities (Note 4)	205,028	21,737
	537,941	210,864
Prepaid expenses	-	3,571
Total assets	537,941	214,435

LIABILITIES

Liabilities:		
Accounts Payable	131,233	323,796
Bank overdraft	525,204	353,562
Total liabilities	656,437	677,358
Net Assets Available for Benefits	$ (118,496)	$ (462,923)

(Continued)
The accompanying notes are an integral part of the financial statements.

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS - (Continued)
December 31, 2011 and 2010

	2011	2010
Self-funded and insured benefits (Notes 1B and 2C):		
Claims incurred but not reported	1,587,450	1,649,809
Total benefit obligations	1,587,450	1,649,809
Deficit of Net Assets Available for Benefits Over Benefit Obligations	$ (1,705,946)	$ (2,112,732)

The accompanying notes are an integral part of the financial statements.

EXHIBIT B

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS
December 31, 2011 and 2010

	2011	2010
Additions:		
Contributions:		
Employer self-funded contributions	$ 7,932,898	$ 6,494,387
Employer insured contributions	31,824	31,977
Employer contributions - administrative	1,940,870	1,805,371
Employee contributions	1,302,662	1,131,750
COBRA contributions	70,354	108,241
	11,278,608	9,571,726
Interest income	184	226
Other income:		
Rebates, refunds and stop loss reimbursement	43,073	39,341
Total additions	11,321,865	9,611,293
Deductions:		
Self-funded benefits (Notes 1B and 2C):		
Medical	7,306,893	5,872,395
Prescription drug	790,129	757,387
Dental	802,962	788,498
Vision	108,139	124,008
	9,008,123	7,542,288
Insured benefits:		
Stop-Loss Insurance premiums	454,905	443,528
Life AD&D Insurance premiums	31,141	44,457
	486,046	487,985
Other benefit costs:		
Plan network administrative fees	594,080	604,928
Wellness program	254,376	331,081
Transplant	37,704	-
	886,160	936,009
Total benefits	10,380,329	8,966,282

(Continued)

The accompanying notes are an integral part of the financial statements.

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS - (Continued)
December 31, 2011 and 2010

	2011	2010
Operating expenses:		
Administrative fees:		
PCMI fee	296,885	295,656
Professional services:		
Accounting and auditing	52,782	55,121
Consulting services	108,560	104,323
PSAM management fee	53,375	44,570
Legal	40,898	27,124
	255,615	231,138
General expenses	44,609	59,933
Total operating expenses	597,109	586,727
Total deductions	10,977,438	9,553,009
Increase in net assets available for benefits	344,427	58,284

(Continued)

The accompanying notes are an integral part of the financial statements.

EXHIBIT B

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS - (Continued)
December 31, 2011 and 2010

	2011	2010
Increase in benefit obligations:		
Incurred but not reported claims	(62,359)	304,428
Total increase/(decrease) in benefit obligations	(62,359)	304,428
Increase/(decrease) in net assets available for benefits over benefit obligations	406,786	(246,144)
Net Assets Available for Benefits:		
Beginning of year	(2,112,732)	(1,866,588)
End of year	$ (1,705,946)	$ (2,112,732)

The accompanying notes are an integral part of the financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

A. General:

The following description of the Pacific Risk Management Health Benefit Plan provides general information only. Participants should refer to the Plan Document for more complete information.

The Pacific Risk Management Health Benefit Plan (Plan) was established on January 1, 2005 for the purpose of providing health care benefits to eligible participants employed by employers of a closed group of associated companies. The associated companies have interrelated ownership with common management and control. Each of the 26 companies participates in a combination of the four coverages, with a common Plan year. The Plan has been accepted by the Department of Labor as a 103-12 IE entity (Direct Filing Entity/DFE) and files tax forms in conjunction with Pacific Risk Management LLC. As such, each employer maintains its own separate Plan and the accumulation of those Plans is the Pacific Risk Management Health Benefit Plan.

B. Benefits:

Generally the Plan provides medical, dental, vision and life insurance benefits to eligible employees and their dependants.

Eligibility is governed by individual rules in each of the employers' participating agreements.

The Fund is reimbursed under its stop loss policy for individual participants' benefits in excess of $80,000 for specific and aggregating $600,000 effective January 1, 2011.

C: Contributions:

During the years ended December 31, 2011 and 2010, the Plan received monthly contributions per active participant from employers at various rates depending on category of employee, and number of family members covered. In addition, each employer participation agreement governs benefit levels and contributions required to Plan those benefits. Participants are also able to buy up dental and vision benefits by contributing themselves.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting:

The Plan's financial statements are prepared on the accrual basis of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

B. Employer and Employee Contributions:

Employer and employee contributions reported in the financial statements are based upon employer-specific eligibility provisions established for each Plan.

C. Benefits:

Eligibility for a specific benefit plan is based upon employer-specific provisions that are based upon job classifications, and are consistently applied to similarly situated employees. Medical plan benefits are provided based on the specific benefit plan provided (Plans 1, 2, 3, or 4), based on the employee's job class. Employees are not able to "buy-up" medical plans by contributing themselves.

D. Participating Employer Plans – Schedule 1:

Each participating employer maintains its own balance in the Plan as a 103-12 entity. The participating employers' financial statements found in Schedule 1 is derived by taking the beginning Plan balance plus actual contributions minus both actual benefits expense and an allocated portion of operating costs based upon the number of participants by participating employer.

NOTE 3 - BENEFIT CLAIMS LIABILITY

The benefit claims liability, which includes reported and unreported claims, is calculated on the basis of claims incurred through December 31, in accordance with eligibility established for hours worked through December 31. The liability for future payment of claims payable and incurred but unreported at December 31, 2011 and 2010 in the amount of $1,587,450 and $1,649,809, respectively, for each year which has been estimated on the basis of statistical lag analysis prepared by the Plan's actuary. Given the nature of such analyses, it is reasonably possible that actual claims in the next year might differ from these estimates by amounts that would be material.

NOTE 4 – AGREEMENTS AND TRANSACTIONS WITH PERSONS KNOWN TO BE PARTIES-IN-INTEREST

Pacific Risk Management LLC (LLC) and related entities perform various administrative functions on behalf of the Plan, for which they are periodically reimbursed by the Plan. The total amount the Plan's receivable from the LLC and related entities as of December 31, 2011 and 2010 is $205,028 and $21,737, respectively. The total amount the Plan's payable to the LLC and related entities as of December 31, 2011 and 2010 is $487,385 and $144,284, respectively. The major portions of this payable or receivable is described below.

Pacific Risk Management Health Benefit Plan owns 100% of the Pacific Captive Insurance Company (PCIC). PCIC is an industry group captive insurance company licensed to write insurance in the United States. The Company was incorporated as of April 2, 2004, is domiciled in the State of Arizona, and writes assumed reinsurance workers compensation liability coverages for a closed group of participating employers instead of to the general public. The equity ownership as shown on PCIC audited financial statements as of December 31, 2011 and 2010 is $1,264,406 and $1,396,315.

In the process of establishing Pacific Risk Management Health Benefit Plan, some of the participating employers advanced the Plan operating funds. As of December 31, 2011 and 2010, the liability to return the advance is $2,337,076.

NOTE 5 – CONCENTRATION OF CREDIT RISK

The following footnote is a general description of the deposit insurance as outlined by The Federal Deposit Insurance Corporation (FDIC). The FDIC is an independent agency of the United States government that protects against the loss of insured deposits if an FDIC insured bank or savings association fails. Effective October 3, 2008, the FDIC deposit insurance temporarily increased from $100,000 to $250,000 per depositor until December 31, 2013. For some employee benefit plans, the FDIC provides coverage known as "pass-through" insurance in which the coverage passes through the plan administrator to each participant's interest or share. Additionally, the FDIC established the Temporary Liquidity Guarantee Program (TLG Program). The TLG Program provides an unlimited coverage for noninterest-bearing transaction accounts. This coverage became effective October 14, 2008 and will continue through December 31, 2013. The rules are a general description and may be applied differently to specific Trust Funds and specific situations.

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	American Farms	Amer. Gr. Cooling	Big Valley Labor	Fresh Connect
Additions:				
Contributions:				
Employer Contributions	344,736	295,049	157,519	129,205
Employee Contributions	47,760	57,952	16,520	-
COBRA Contributions	2,690	2,092	1,435	598
	395,186	355,093	175,473	129,803
Interest Income	7	5	4	2
Other Income:				
Insurance rebates and refunds	1,647	1,281	878	366
Total Additions	**396,840**	**356,379**	**176,355**	**130,170**
Deductions:				
Self-funded Benefits	758,252	247,224	124,402	296,954
Insured Benefits	18,583	14,453	9,911	4,130
	776,835	261,678	134,313	301,084
Other Benefit Costs:				
Plan network administrative costs	22,713	17,666	12,114	5,047
Interplan Wellness program	11,167	8,685	5,956	2,482
	33,880	26,351	18,070	7,529
Total Benefits	**810,716**	**288,029**	**152,382**	**308,613**
Operating Expenses:				
PCMI Fee	11,351	8,828	6,054	2,522
Professional Services	9,773	7,601	5,212	2,172
General Expenses	1,706	1,327	910	379
Total Operating expenses	22,829	17,756	12,176	5,073
Total deductions	**833,545**	**305,785**	**164,558**	**313,686**
Increase/(decrease) in Net Assets available for benefits	(436,705)	50,594	11,797	(183,515)
Increase in benefit obligations:				
Incurred but not reported claims	(2,384)	(1,854)	(1,272)	(530)
Total Increase in Benefit Obligations	(2,384)	(1,854)	(1,272)	(530)
Increase/(decrease) in net assets available for benefits over obligations	(434,321)	52,449	13,069	(182,986)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (194,134)	$ 169,570	$ (41,107)	$ 7,332
End of year	**$ (628,455)**	**$ 222,019**	**$ (28,038)**	**$ (175,654)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	Fallen Oak Packing	G&H Farms	Gill Ranch	Gill's Onion	Gill's Transport
Additions:					
Contributions:					
Employer Contributions	105,258	440,772	542,974	1,202,602	186,604
Employee Contributions	16,301	48,536	65,008	142,722	25,333
COBRA Contributions	717	4,244	4,184	8,309	1,136
	122,276	493,552	612,167	1,353,633	213,072
Interest Income	2	11	11	22	3
Other Income:					
Insurance rebates and refunds	439	2,598	2,562	5,087	695
Total Additions	**122,717**	**496,162**	**614,739**	**1,358,741**	**213,771**
Deductions:					
Self-funded Benefits	67,014	388,149	496,561	1,028,729	124,716
Insured Benefits	4,955	29,320	28,907	57,401	7,846
	71,969	417,469	525,468	1,086,129	132,563
Other Benefit Costs:					
Plan network administrative costs	6,057	35,837	35,332	70,159	9,590
Interplan Wellness program	2,978	17,619	17,371	34,494	4,715
	9,035	53,456	52,703	104,653	14,305
Total Benefits	**81,004**	**470,925**	**578,171**	**1,190,782**	**146,868**
Operating Expenses:					
PCMI Fee	3,027	17,909	17,657	35,061	4,793
Professional Services	2,606	15,419	15,202	30,187	4,126
General Expenses	455	2,691	2,653	5,268	720
Total Operating expenses	6,088	36,019	35,512	70,517	9,639
Total deductions	**87,092**	**506,944**	**613,683**	**1,261,299**	**156,507**
Increase/(decrease) in Net Assets available for benefits	35,625	(10,782)	1,056	97,442	57,264
Increase in benefit obligations:					
Incurred but not reported claims	(636)	(3,762)	(3,709)	(7,364)	(1,007)
Total Increase in Benefit Obligations	(636)	(3,762)	(3,709)	(7,364)	(1,007)
Increase/(decrease) in net assets available for benefits over obligations	36,261	(7,021)	4,765	104,807	58,271
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 35,994	$ 84,284	$ 182,418	$ 1,177,716	$ (66,046)
End of year	**$ 72,255**	**$ 77,263**	**$ 187,183**	**$ 1,282,523**	**$ (7,775)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	G.V. Farm Supply	Growers Express	Expr. Harvesting	Kennedy Farms
Additions:				
Contributions:				
Employer Contributions	268,464	881,100	510,316	77,675
Employee Contributions	33,725	156,916	58,633	9,352
COBRA Contributions	1,733	4,304	4,842	418
	303,922	1,042,320	573,791	87,445
Interest Income	5	11	13	1
Other Income:				
Insurance rebates and refunds	1,061	2,635	2,964	256
Total Additions	**304,988**	**1,044,966**	**576,768**	**87,702**
Deductions:				
Self-funded Benefits	455,028	660,403	298,771	38,894
Insured Benefits	11,976	29,733	33,449	2,891
	467,003	690,136	332,220	41,785
Other Benefit Costs:				
Plan network administrative costs	14,637	36,341	40,884	3,533
Interplan Wellness program	7,197	17,867	20,101	1,737
	21,834	54,209	60,985	5,270
Total Benefits	**488,837**	**744,344**	**393,204**	**47,055**
Operating Expenses:				
PCMI Fee	7,315	18,161	20,431	1,766
Professional Services	6,298	15,637	17,591	1,520
General Expenses	1,099	2,729	3,070	265
Total Operating expenses	14,712	36,527	41,092	3,551
Total deductions	**503,549**	**780,871**	**434,297**	**50,607**
Increase/(decrease) in Net Assets available for benefits	(198,561)	264,095	142,471	37,096
Increase in benefit obligations:				
Incurred but not reported claims	(1,536)	(3,815)	(4,291)	(371)
Total Increase in Benefit Obligations	(1,536)	(3,815)	(4,291)	(371)
Increase/(decrease) in net assets available for benefits over obligations	(197,025)	267,909	146,763	37,467
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 1,493	$ (1,086,987)	$ 589,799	$ 84,250
End of year	**$ (195,532)**	**$ (819,078)**	**$ 736,562**	**$ 121,717**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	King City Nursery	Mesa Packing	Mission Org.	Mission Ranches	Pac. Risk Mgmt.
Additions:					
Contributions:					
Employer Contributions	301,173	197,856	-	1,174,219	(6,532)
Employee Contributions	32,423	28,263	-	140,124	16,695
COBRA Contributions	2,511	1,733	-	8,368	359
	336,107	227,852	-	1,322,711	10,522
Interest Income	7	5	-	22	1
Other Income:					
Insurance rebates and refunds	1,537	1,061	-	5,123	220
Total Additions	**337,651**	**228,918**	**-**	**1,327,857**	**10,742**
Deductions:					
Self-funded Benefits	138,386	146,446	1,106	1,031,492	85,173
Insured Benefits	17,344	11,976	-	57,813	2,478
	155,730	158,421	1,106	1,089,305	87,650
Other Benefit Costs:					
Plan network administrative costs	21,199	14,637	-	70,664	3,028
Interplan Wellness program	10,423	7,197	-	34,742	1,489
	31,622	21,834	-	105,406	4,517
Total Benefits	**187,351**	**180,255**	**1,106**	**1,194,711**	**92,168**
Operating Expenses:					
PCMI Fee	10,594	7,315	-	35,313	1,513
Professional Services	9,121	6,298	-	30,405	1,303
General Expenses	1,592	1,099	-	5,306	227
Total Operating expenses	21,307	14,712	-	71,024	3,044
Total deductions	**208,659**	**194,967**	**1,106**	**1,265,735**	**95,212**
Increase/(decrease) in Net Assets available for benefits	128,992	33,951	(1,106)	62,122	(84,469)
Increase in benefit obligations:					
Incurred but not reported claims	(2,225)	(1,536)	-	(7,417)	(318)
Total Increase in Benefit Obligations	(2,225)	(1,536)	-	(7,417)	(318)
Increase/(decrease) in net assets available for benefits over obligations	131,217	35,487	(1,106)	69,539	(84,152)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 100,809	$ (461,957)	$ (76,862)	$ (1,055,041)	$ (69,965)
End of year	**$ 232,026**	**$ (426,470)**	**$ (77,968)**	**$ (985,502)**	**$ (154,117)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	Pinnacle Appl.	Rancho Maria	Rio Farms	Seco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer Contributions	345,060	4,140	1,400,655	334,230	557,052
Employee Contributions	47,083	-	164,282	49,798	81,280
COBRA Contributions	1,913	-	10,640	1,913	3,467
	394,056	4,140	1,575,577	385,941	641,798
Interest Income	5	-	28	5	9
Other Income:					
Insurance rebates and refunds	1,171	-	6,514	1,171	2,123
Total Additions	**395,232**	**4,140**	**1,582,119**	**387,117**	**643,930**
Deductions:					
Self-funded Benefits	226,558	4,072	1,286,135	376,887	454,145
Insured Benefits	13,215	-	73,506	13,215	23,951
	239,773	4,072	1,359,640	390,102	478,097
Other Benefit Costs:					
Plan network administrative costs	16,152	-	89,844	16,152	29,275
Interplan Wellness program	7,941	-	44,172	7,941	14,393
	24,093	-	134,016	24,093	43,668
Total Benefits	**263,866**	**4,072**	**1,493,656**	**414,195**	**521,765**
Operating Expenses:					
PCMI Fee	8,072	-	44,898	8,072	14,630
Professional Services	6,950	-	38,657	6,950	12,596
General Expenses	1,213	-	6,746	1,213	2,198
Total Operating expenses	16,234	-	90,302	16,234	29,424
Total deductions	**280,100**	**4,072**	**1,583,958**	**430,429**	**551,189**
Increase/(decrease) in Net Assets available for benefits	115,132	68	(1,839)	(43,312)	92,741
Increase in benefit obligations:					
Incurred but not reported claims	(1,695)	-	(9,431)	(1,695)	(3,073)
Total Increase in Benefit Obligations	(1,695)	-	(9,431)	(1,695)	(3,073)
Increase/(decrease) in net assets available for benefits over obligations	116,828	68	7,591	(41,616)	95,814
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 190,766	$ 67,806	$ (1,964,142)	$ (193,482)	$ 215,119
End of year	**$ 307,594**	**$ 67,874**	**$ (1,956,551)**	**$ (235,098)**	**$ 310,933**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	TrueTrac	CB Harvesting	West Harvesting	Totals
Additions:				
Contributions:				
Employer Contributions	77,295	238,697	139,472	**9,905,592**
Employee Contributions	15,369	33,489	15,098	**1,302,662**
COBRA Contributions	299	1,554	897	**70,354**
	92,963	273,740	155,467	**11,278,608**
Interest Income	1	4	2	**184**
Other Income:				
Insurance rebates and refunds	183	951	549	**43,073**
Total Additions	**93,147**	**274,696**	**156,018**	**11,321,865**
Deductions:				
Self-funded Benefits	75,951	103,746	92,928	**9,008,123**
Insured Benefits	2,065	10,737	6,194	**486,046**
	78,015	114,483	99,122	**9,494,169**
Other Benefit Costs:				
Plan network administrative costs	2,524	13,123	7,571	**594,080**
Interplan Wellness program	1,241	6,452	3,722	**292,080**
	3,764	19,575	11,293	**886,160**
Total Benefits	**81,780**	**134,058**	**110,416**	**10,380,329**
Operating Expenses:				
PCMI Fee	1,261	6,558	3,784	**296,885**
Professional Services	1,086	5,647	3,258	**255,615**
General Expenses	190	985	569	**44,609**
Total Operating expenses	2,537	13,190	7,610	**597,109**
Total deductions	**84,316**	**147,248**	**118,025**	**10,977,438**
Increase/(decrease) in Net Assets available for benefits	8,830	127,448	37,993	**344,427**
Increase in benefit obligations:				
Incurred but not reported claims	(265)	(1,378)	(795)	**(62,359)**
Total Increase in Benefit Obligations	(265)	(1,378)	(795)	**(62,359)**
Increase/(decrease) in net assets available for benefits over obligations	9,095	128,825	38,788	**406,786**
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 42,188	$ 69,622	$ 77,825	$ **(2,112,732)**
End of year	**$ 51,283**	**$ 198,447**	**$ 116,613**	**$ (1,705,946)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	American Farms	Amer. Gr. Cooling	Big Valley Labor	Fresh Connect
Additions:				
Contributions:				
Employer Contributions	344,736	295,049	157,519	129,205
Employee Contributions	47,760	57,952	16,520	-
COBRA Contributions	2,690	2,092	1,435	598
	395,186	355,093	175,473	129,803
Interest Income	7	5	4	2
Other Income:				
Insurance rebates and refunds	1,647	1,281	878	366
Total Additions	**396,840**	**356,379**	**176,355**	**130,170**
Deductions:				
Self-funded Benefits	758,252	247,224	124,402	296,954
Insured Benefits	18,583	14,453	9,911	4,130
	776,835	261,678	134,313	301,084
Other Benefit Costs:				
Plan network administrative costs	22,713	17,666	12,114	5,047
Interplan Wellness program	11,167	8,685	5,956	2,482
	33,880	26,351	18,070	7,529
Total Benefits	**810,716**	**288,029**	**152,382**	**308,613**
Operating Expenses:				
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Professional Services	9,773	7,601	5,212	2,172
General Expenses	1,706	1,327	910	379
Total Operating expenses	22,829	17,756	12,176	5,073
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Increase in benefit obligations:				
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Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (194,134)	$ 169,570	$ (41,107)	$ 7,332
End of year	**$ (628,455)**	**$ 222,019**	**$ (28,038)**	**$ (175,654)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	Fallen Oak Packing	G&H Farms	Gill Ranch	Gill's Onion	Gill's Transport
Additions:					
Contributions:					
Employer Contributions	105,258	440,772	542,974	1,202,602	186,604
Employee Contributions	16,301	48,536	65,009	142,722	25,333
COBRA Contributions	717	4,244	4,184	8,309	1,136
	122,276	493,552	612,167	1,353,633	213,072
Interest Income	2	11	11	22	3
Other Income:					
Insurance rebates and refunds	439	2,598	2,562	5,087	695
Total Additions	**122,717**	**496,162**	**614,739**	**1,358,741**	**213,771**
Deductions:					
Self-funded Benefits	67,014	388,149	496,561	1,028,729	124,716
Insured Benefits	4,955	29,320	28,907	57,401	7,846
	71,969	417,469	525,468	1,086,129	132,563
Other Benefit Costs:					
Plan network administrative costs	6,057	35,837	35,332	70,159	9,590
Interplan Wellness program	2,978	17,619	17,371	34,494	4,715
	9,035	53,456	52,703	104,653	14,305
Total Benefits	**81,004**	**470,925**	**578,171**	**1,190,782**	**146,868**
Operating Expenses:					
PCMI Fee	3,027	17,909	17,657	35,061	4,793
Professional Services	2,606	15,419	15,202	30,187	4,126
General Expenses	455	2,691	2,653	5,268	720
Total Operating expenses	6,088	36,019	35,512	70,517	9,639
Total deductions	**87,092**	**506,944**	**613,683**	**1,261,299**	**156,507**
Increase/(decrease) in Net Assets available for benefits	35,625	(10,782)	1,056	97,442	57,264
Increase in benefit obligations:					
Incurred but not reported claims	(636)	(3,762)	(3,709)	(7,364)	(1,007)
Total Increase in Benefit Obligations	(636)	(3,762)	(3,709)	(7,364)	(1,007)
Increase/(decrease) in net assets available for benefits over obligations	36,261	(7,021)	4,765	104,807	58,271
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 35,994	$ 84,284	$ 182,418	$ 1,177,716	$ (66,046)
End of year	**$ 72,255**	**$ 77,263**	**$ 187,183**	**$ 1,282,523**	**$ (7,775)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	G.V. Farm Supply	Growers Express	Expr. Harvesting	Kennedy Farms
Additions:				
Contributions:				
Employer Contributions	268,464	881,100	510,316	77,675
Employee Contributions	33,725	156,916	58,633	9,352
COBRA Contributions	1,733	4,304	4,842	418
	303,922	1,042,320	573,791	87,445
Interest Income	5	11	13	1
Other Income:				
Insurance rebates and refunds	1,061	2,635	2,964	256
Total Additions	**304,988**	**1,044,966**	**576,768**	**87,702**
Deductions:				
Self-funded Benefits	455,028	660,403	298,771	38,894
Insured Benefits	11,976	29,733	33,449	2,891
	467,003	690,136	332,220	41,785
Other Benefit Costs:				
Plan network administrative costs	14,637	36,341	40,884	3,533
Interplan Wellness program	7,197	17,867	20,101	1,737
	21,834	54,209	60,985	5,270
Total Benefits	**488,837**	**744,344**	**393,204**	**47,055**
Operating Expenses:				
PCMI Fee	7,315	18,161	20,431	1,766
Professional Services	6,298	15,637	17,591	1,520
General Expenses	1,099	2,729	3,070	265
Total Operating expenses	14,712	36,527	41,092	3,551
Total deductions	**503,549**	**780,871**	**434,297**	**50,607**
Increase/(decrease) in Net Assets available for benefits	(198,561)	264,095	142,471	37,096
Increase in benefit obligations:				
Incurred but not reported claims	(1,536)	(3,815)	(4,291)	(371)
Total Increase in Benefit Obligations	(1,536)	(3,815)	(4,291)	(371)
Increase/(decrease) in net assets available for benefits over obligations	(197,025)	267,909	146,763	37,467
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 1,493	$ (1,086,987)	$ 589,799	$ 84,250
End of year	**$ (195,532)**	**$ (819,078)**	**$ 736,562**	**$ 121,717**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	King City Nursery	Mesa Packing	Mission Org.	Mission Ranches	Pac. Risk Mgmt.
Additions:					
Contributions:					
Employer Contributions	301,173	197,855	-	1,174,219	(6,532)
Employee Contributions	32,423	28,263	-	140,124	16,695
COBRA Contributions	2,511	1,733	-	8,368	359
	336,107	227,852	-	1,322,711	10,522
Interest Income	7	5	-	22	1
Other Income:					
Insurance rebates and refunds	1,537	1,061	-	5,123	220
Total Additions	**337,651**	**228,918**	-	**1,327,857**	**10,742**
Deductions:					
Self-funded Benefits	138,386	146,446	1,106	1,031,492	85,173
Insured Benefits	17,344	11,976	-	57,813	2,478
	155,730	158,421	1,106	1,089,305	87,650
Other Benefit Costs:					
Plan network administrative costs	21,199	14,637	-	70,664	3,028
Interplan Wellness program	10,423	7,197	-	34,742	1,489
	31,622	21,834	-	105,406	4,517
Total Benefits	**187,351**	**180,255**	**1,106**	**1,194,711**	**92,168**
Operating Expenses:					
PCMI Fee	10,594	7,315	-	35,313	1,513
Professional Services	9,121	6,298	-	30,405	1,303
General Expenses	1,592	1,099	-	5,306	227
Total Operating expenses	21,307	14,712	-	71,024	3,044
Total deductions	**208,659**	**194,967**	**1,106**	**1,265,735**	**95,212**
Increase/(decrease) in Net Assets available for benefits	128,992	33,951	(1,106)	62,122	(84,469)
Increase in benefit obligations:					
Incurred but not reported claims	(2,225)	(1,536)	-	(7,417)	(318)
Total Increase in Benefit Obligations	(2,225)	(1,536)	-	(7,417)	(318)
Increase/(decrease) in net assets available for benefits over obligations	131,217	35,487	(1,106)	69,539	(84,152)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 100,809	$ (461,957)	$ (76,862)	$ (1,055,041)	$ (69,965)
End of year	**$ 232,026**	**$ (426,470)**	**$ (77,968)**	**$ (985,502)**	**$ (154,117)**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	Pinnacle Appl.	Rancho Maria	Rio Farms	Seco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer Contributions	345,060	4,140	1,400,655	334,230	557,052
Employee Contributions	47,083	-	164,282	49,798	81,280
COBRA Contributions	1,913	-	10,640	1,913	3,467
	394,056	4,140	1,575,577	385,941	641,798
Interest Income	5	-	28	5	9
Other Income:					
Insurance rebates and refunds	1,171	-	6,514	1,171	2,123
Total Additions	**395,232**	**4,140**	**1,582,119**	**387,117**	**643,930**
Deductions:					
Self-funded Benefits	226,558	4,072	1,286,135	376,887	454,145
Insured Benefits	13,215	-	73,506	13,215	23,951
	239,773	4,072	1,359,640	390,102	478,097
Other Benefit Costs:					
Plan network administrative costs	16,152	-	89,844	16,152	29,275
Interplan Wellness program	7,941	-	44,172	7,941	14,393
	24,093	-	134,016	24,093	43,668
Total Benefits	**263,866**	**4,072**	**1,493,656**	**414,195**	**521,765**
Operating Expenses:					
PCMI Fee	8,072	-	44,898	8,072	14,630
Professional Services	6,950	-	38,657	6,950	12,596
General Expenses	1,213	-	6,746	1,213	2,198
Total Operating expenses	16,234	-	90,302	16,234	29,424
Total deductions	**280,100**	**4,072**	**1,583,958**	**430,429**	**551,189**
Increase/(decrease) in Net Assets available for benefits	115,132	68	(1,839)	(43,312)	92,741
Increase in benefit obligations:					
Incurred but not reported claims	(1,695)	-	(9,431)	(1,695)	(3,073)
Total Increase in Benefit Obligations	(1,695)	-	(9,431)	(1,695)	(3,073)
Increase/(decrease) in net assets available for benefits over obligations	116,828	68	7,591	(41,616)	95,814
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 190,766	$ 67,806	$ (1,964,142)	$ (193,482)	$ 215,119
End of year	**$ 307,594**	**$ 67,874**	**$ (1,956,551)**	**$ (235,098)**	**$ 310,933**

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

Statement of Changes in Net Assets Available for Benefit and Changes in Plan Benefit Obligations by Participating Employer Plans

December 31, 2011

	TrueTrac	CB Harvesting	West Harvesting	Totals
Additions:				
Contributions:				
Employer Contributions	77,296	238,698	139,473	**9,905,592**
Employee Contributions	15,369	33,489	15,098	**1,302,662**
COBRA Contributions	299	1,554	897	**70,354**
	92,963	273,740	155,467	**11,278,608**
Interest Income	1	4	2	**184**
Other Income:				
Insurance rebates and refunds	183	951	549	**43,073**
Total Additions	**93,147**	**274,696**	**156,018**	**11,321,865**
Deductions:				
Self-funded Benefits	75,951	103,746	92,928	**9,008,123**
Insured Benefits	2,065	10,737	6,194	**486,046**
	78,015	114,483	99,122	**9,494,169**
Other Benefit Costs:				
Plan network administrative costs	2,524	13,123	7,571	**594,080**
Interplan Wellness program	1,241	6,452	3,722	**292,080**
	3,764	19,575	11,293	**886,160**
Total Benefits	**81,780**	**134,058**	**110,416**	**10,380,329**
Operating Expenses:				
PCMI Fee	1,261	6,558	3,784	**296,885**
Professional Services	1,086	5,647	3,258	**255,615**
General Expenses	190	985	569	**44,609**
Total Operating expenses	2,537	13,190	7,610	**597,109**
Total deductions	**84,316**	**147,248**	**118,025**	**10,977,438**
Increase/(decrease) in Net Assets available for benefits	8,830	127,448	37,993	**344,427**
Increase in benefit obligations:				
Incurred but not reported claims	(265)	(1,378)	(795)	**(62,359)**
Total Increase in Benefit Obligations	(265)	(1,378)	(795)	**(62,359)**
Increase/(decrease) in net assets available for benefits over obligations	9,095	128,825	38,788	**406,786**
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 42,188	$ 69,622	$ 77,825	**$ (2,112,732)**
End of year	**$ 51,283**	**$ 198,447**	**$ 116,613**	**$ (1,705,946)**

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210 - 0110
1210 - 0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for: ☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report; ☐ an amended return/report; ☐ the final return/report; ☐ a short plan year return/report (less than 12 months). ▶☐

C If the plan is a collectively-bargained plan, check here ▶☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan
RIO FARMS, PRM HEALTH PLAN

1b Three-digit plan number (PN) ▶ 510

1c Effective date of plan 01/01/2005

2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan)

RIO FARMS

P.O.BOX 605

KING CITY CA 93902

2b Employer Identification Number (EIN) 77-0009052

2c Sponsor's telephone number 8313856225

2d Business code (see instructions) 111210

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 accompanying schedules, statements and attachments, 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.

SIGN HERE	Signature of plan administrator	Date: 10/8/12	Enter name of individual signing as plan administrator: Sarah Grat
SIGN HERE	Signature of employer/plan sponsor	Date: 10/9/12	Enter name of individual signing as employer or plan sponsor: David Gill
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
V.012611

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11-15-11