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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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; include 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
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.	10/15/2013	DAVID GILL
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

HEMMING MORSE CPAS AND CONSULTANTS

101 MONTGOMERY STREET, SUITE 1400
SAN FRANCISCO, CA 94104

Preparer's telephone number (optional)
415-836-4000

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address

3b Administrator's EIN

3c Administrator's telephone number

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**	178
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**	171
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**	171
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 Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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	171	04/01/2011	04/01/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
212	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	
212			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 lines **7b** and **7c(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 line **7e(5)** from line **7d**)			**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 ☐ 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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	4713
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, line 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 ☒ 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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

AMALGAMATED LIFE INSURANCE COMPANY

(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
13-5501223	60216	SL1037	91	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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
3319	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

STOP LOSS INSURANCE SERVICES
940 ADAMS STREET, SUITE G
BENICIA, CA 94510

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3319			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 lines **7b** and **7c(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 line **7e(5)** from line **7d**)			**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 line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	57977
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, line 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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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 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

(b) Enter name and EIN or address of person who provided you disclosure 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)

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?
12 50	NONE	39232	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(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	26302	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

CORE2EDGE

(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?
50 16	NONE	21954	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)

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	7232	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 50	NONE	6929	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

HEMMING MORSE CPAS & CONSULTANTS

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 50	NONE	6172	Yes [ ] No [X]	Yes [ ] No [ ]	0	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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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	-1814750

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

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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)	-1956551	-1814750
(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	-1956551	-1814750
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	-1956551	-1814750

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)	1676697	
(B) Participants	2a(1)(B)	186923	
(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)		1863620
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	91	
(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)		91
(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)		
(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)		

		(a) Amount	(b) Total
(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		58904
d Total income. Add all **income** amounts in column (b) and enter total	2d		1922615
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1444688	
(2) To insurance carriers for the provision of benefits	2e(2)	78092	
(3) Other	2e(3)	137152	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1659932
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)	71534	
(2) Contract administrator fees	2i(2)	39232	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	10116	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		120882
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1780814
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		141801
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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	

			Yes	No	Amount
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)

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

PACIFIC RISK MANAGEMENT
HEALTH BENEFIT PLAN

FINANCIAL STATEMENTS

December 31, 2012 and 2011

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
FINANCIAL STATEMENTS
December 31, 2012 and 2011

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HEMMING
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CERTIFIED PUBLIC ACCOUNTANTS,
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San Francisco, CA 94104

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INDEPENDENT AUDITOR'S REPORT

Plan Management
Pacific Risk Management Health Benefit Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Pacific Risk Management Health Benefit Plan (the "Plan"), which comprise the statements of net assets/(liabilities) available for benefits and of benefit obligations as of December 31, 2012 and 2011, and the related statements of changes in net assets/(liabilities) available for benefits and of changes in benefit obligations for the years then ended and supplemental schedule as indicated in the table of contents.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

HEMMING
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Suite 1400
San Francisco, CA 94104

Tel: 415.836.4000
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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Pacific Risk Management Health Benefit Plan as of December 31, 2012 and 2011, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Statements of changes in net assets/(liabilities) available for benefit and of changes in Plan benefit obligations by participating employer plans for the year ended December 31, 2012, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

San Francisco, California
October 14, 2013

Hemming Morse

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS/(LIABILITIES) AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS
December 31, 2012 and 2011

ASSETS

	2012	2011
Receivables:		
Due from employers (Notes 1C and 2B)	$ 696,599	$ 332,913
Due from related entities (Note 4)	990,466	205,028
Due from others	152,185	-
	1,839,250	537,941
Cash Account	549,131	-
Total assets	2,388,381	537,941

LIABILITIES

Liabilities:		
Accounts payable	12,229	131,233
Bank overdraft	-	525,204
Total liabilities	12,229	656,437
Net Assets Available for Benefits	$ 2,376,152	$ (118,496)
Self-funded benefits (Notes 1B and 2C):		
Claims incurred but not reported	2,061,767	1,587,450
Claims payable	69,851	-
Total benefit obligations	2,131,618	1,587,450
Excess of Net Assets/(Liabilities) Available for Benefits Over Benefit Obligations	$ 244,534	$ (1,705,946)

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/(LIABILITIES) AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS
For the Years Ended December 31, 2012 and 2011

	2012	2011
Additions:		
Contributions:		
Employer self-funded contributions	$ 9,285,589	$ 7,932,898
Employer insured contributions	32,116	31,824
Employer contributions - administrative	2,983,298	1,940,870
Employee contributions	1,484,344	1,302,662
COBRA contributions	52,459	70,354
	13,837,806	11,278,608
Interest income	652	184
Other income:		
Rebates, refunds and stop loss reimbursement	419,557	43,073
Total additions	14,258,015	11,321,865
Deductions:		
Self-funded benefits (Notes 1B and 2C):		
Medical	7,559,685	7,306,893
Dental	963,925	802,962
Prescription drug	735,339	790,129
Vision	110,277	108,139
	9,369,226	9,008,123
Insured benefits:		
Stop-Loss insurance premiums	521,224	454,905
Life AD&D insurance premiums	35,013	31,141
	556,237	486,046
Other benefit costs:		
Plan network administrative fees	678,439	594,080
Wellness program	257,200	254,376
Transplant	41,259	37,704
	976,898	886,160
Total benefits	10,902,361	10,380,329

(Continued)

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

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS/(LIABILITIES) AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS - (Continued)
For the Years Ended December 31, 2012 and 2011

	2012	2011
Operating expenses:		
Administrative fees:		
PCMI fee	279,436	296,885
Professional services:		
Accounting and auditing	43,956	52,782
Consulting services	364,695	108,560
PSAM management fee	49,350	53,375
Legal	51,516	40,898
	509,517	255,615
General expenses:		
Payroll	57,471	36,182
Miscellaneous	14,582	8,427
	72,053	44,609
Total operating expenses	861,006	597,109
Total deductions	11,763,367	10,977,438
Increase in net assets available for benefits	2,494,648	344,427

(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/(LIABILITIES) AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS - (Continued)
For the Years Ended December 31, 2012 and 2011

	2012	2011
Increase in benefit obligations:		
Claims incurred but not reported	474,317	(62,359)
Claims payable	69,851	-
	544,168	(62,359)
Total increase/(decrease) in benefit obligations	544,168	(62,359)
Increase in net assets available for benefits over benefit obligations	1,950,480	406,786
Net Assets/(Liabilities) Available for Benefits:		
Beginning of year	(1,705,946)	(2,112,732)
End of year	$ 244,534	$ (1,705,946)

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

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF THE PLAN

A. General:

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

The Pacific Risk Management Health Benefit 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 25 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 for the years ending December 31, 2012 and 2011.

C: Contributions:

During the years ended December 31, 2012 and 2011, 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.

E. Uncertain Tax Positions:

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Plan administrator believes that the Plan has not taken uncertain tax positions that require adjustment to the financial statements as a tax liability. Informational tax returns, for tax years for which the applicable statutes of limitations have not expired, are subject to examination by authorities

NOTE 3 - BENEFIT CLAIMS LIABILITY

The self-funded 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. Claims reported through December 31, 2012 and 2011 total $69,851 and $0, respectively. The liability for future payment of claims payable and incurred but unreported at December 31, 2012 and 2011 in the amount of $2,061,767 and $1,587,450, 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, 2012 and 2011 is $1,259,298 and $487,385, respectively. The total amount the Plan's payable to the LLC and related entities as of December 31, 2012 and 2011 is $268,832 and $282,357, respectively. The major portions of this payable or receivable are 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, 2012 and 2011 is $1,398,083 and $1,264,406.

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, 2012 and 2011, 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 July 21, 2010, the FDIC deposit insurance coverage permanently increased to $250,000 per depositor. 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, 2010. Section 343 of the Dodd-Frank Wall Street Reform and Consumer Protection Act extended the unlimited coverage from December 31, 2010 through December 31, 2012. Effective January 1, 2013, noninterest-bearing transaction accounts will be added to any of a depositor's other accounts at the same FDIC-insured depository institution, and the aggregate balance insured up to at least the standard maximum deposit insurance amount of $250,000. The rules are a general description and may be applied differently to specific Trust Funds and specific situations.

NOTE 6 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the audit opinion date of the financial statements. No material subsequent events have occurred since December 31, 2012 that required recognition or disclosure in the financial statements.

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, 2012

	American Farms	American Growers Cooling	Big Valley Labor	CB Harvesting	Express Harvesting
Additions:					
Contributions:					
Employer self-funded contributions	$ 199,378	$ 296,986	$ 161,451	$ 207,531	$ 373,682
Employer insured contributions	870	1,002	738	633	2,241
Employer contributions - administrative	80,828	93,075	68,582	58,784	208,194
Employee contributions	33,861	60,131	2,945	37,562	62,686
COBRA contributions	1,421	1,637	1,206	1,034	3,661
	316,358	452,831	234,922	305,544	650,464
Interest Income	18	20	15	13	47
Other Income:					
Rebates, refunds and stop loss reimbursement	11,367	13,090	9,645	8,267	29,279
Total additions	**327,743**	**465,941**	**244,582**	**313,824**	**679,790**
Deductions:					
Self-funded Benefits	129,107	333,442	120,301	119,536	314,825
Insured Benefits	15,070	17,354	12,787	10,960	38,818
	144,177	350,796	133,088	130,496	353,643
Other benefit costs:					
Plan network administrative costs	18,381	21,166	15,596	13,368	47,346
Wellness program & transplant	8,086	9,312	6,861	5,881	20,828
	26,467	30,478	22,457	19,249	68,174
Total benefits	**170,644**	**381,274**	**155,545**	**149,745**	**421,817**
Operating expenses:					
PCMI fee	7,571	8,718	6,424	5,506	19,501
Professional services	13,805	15,896	11,712	10,039	35,558
General expenses	1,952	2,248	1,656	1,420	5,028
Total operating expenses	23,328	26,862	19,792	16,965	60,087
Total deductions	**193,972**	**408,136**	**175,337**	**166,710**	**481,904**
Increase/(decrease) in net assets available for benefits	133,771	57,805	69,245	147,114	197,886
Increase in benefit obligations:					
Incurred but not reported claims	12,851	14,798	10,904	9,346	33,101
Claims payable	1,893	2,179	1,606	1,376	4,875
Total increase in benefit obligations	14,744	16,977	12,510	10,722	37,976
Increase/(decrease) in net assets available for benefits over obligations	119,027	40,828	56,735	136,392	159,910
Net assets/(liabilities) available for benefits:					
Beginning of year	(628,455)	222,019	(28,038)	198,447	736,562
Transfers in/out					
Transfers in/out					
End of year	**$ (509,428)**	**$ 262,847**	**$ 28,697**	**$ 334,839**	**$ 896,472**

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, 2012

	Fallen Oak Packing	Fresh Connect	G & H Farms	Gill Ranch	Gill Transport
Additions:					
Contributions:					
Employer self-funded contributions	$ 106,092	$ 180,088	$ 467,346	$ 471,184	$ 143,414
Employer insured contributions	369	369	2,320	1,688	422
Employer contributions - administrative	34,291	34,291	215,542	156,758	39,189
Employee contributions	18,292	-	70,940	74,447	27,400
COBRA contributions	603	603	3,790	2,756	689
	159,647	215,351	759,938	706,833	211,114
Interest Income	7	7	48	34	9
Other Income:					
Rebates, refunds and stop loss reimbursement	4,822	4,822	30,313	22,046	5,511
Total additions	**164,476**	**220,180**	**790,299**	**728,913**	**216,634**
Deductions:					
Self-funded Benefits	72,122	406,085	484,281	452,633	75,044
Insured Benefits	6,394	6,394	40,188	29,228	7,307
	78,516	412,479	524,469	481,861	82,351
Other benefit costs:					
Plan network administrative costs	7,798	7,798	49,018	35,649	8,912
Wellness program & transplant	3,431	3,431	21,564	15,683	3,921
	11,229	11,229	70,582	51,332	12,833
Total benefits	**89,745**	**423,708**	**595,051**	**533,193**	**95,184**
Operating expenses:					
PCMI fee	3,212	3,212	20,189	14,683	3,671
Professional services	5,856	5,856	36,813	26,773	6,693
General expenses	828	828	5,206	3,786	947
Total operating expenses	9,896	9,896	62,208	45,242	11,311
Total deductions	**99,641**	**433,604**	**657,259**	**578,435**	**106,495**
Increase/(decrease) in net assets available for benefits	64,835	(213,424)	133,040	150,478	110,139
Increase in benefit obligations:					
Incurred but not reported claims	5,452	5,452	34,269	24,923	6,231
Claims payable	803	803	5,047	3,670	918
Total increase in benefit obligations	6,255	6,255	39,316	28,593	7,149
Increase/(decrease) in net assets available for benefits over obligations	58,580	(219,679)	93,724	121,885	102,990
Net assets/(liabilities) available for benefits:					
Beginning of year	72,255	(175,654)	77,263	187,183	(7,775)
Transfers in/out					
Transfers in/out					
End of year	**$ 130,835**	**$ (395,333)**	**$ 170,987**	**$ 309,068**	**$ 95,215**

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, 2012

	Gill's Onions	Green Valley Farm Supply	Growers Express	Kennedy Farms
Additions:				
Contributions:				
Employer self-funded contributions	$ 1,026,099	$ 302,109	$ 1,033,250	$ 67,757
Employer insured contributions	3,559	844	2,189	158
Employer contributions - administrative	330,661	78,379	203,295	14,696
Employee contributions	141,763	48,039	183,667	11,647
COBRA contributions	5,813	1,378	3,575	258
	1,507,895	430,749	1,425,976	94,516
Interest Income	72	17	44	3
Other Income:				
Rebates, refunds and stop loss reimbursement	46,502	11,023	28,591	2,067
Total additions	**1,554,469**	**441,789**	**1,454,611**	**96,586**
Deductions:				
Self-funded Benefits	943,289	463,553	1,021,569	32,058
Insured Benefits	61,652	14,614	37,904	2,740
	1,004,941	478,167	1,059,473	34,798
Other benefit costs:				
Plan network administrative costs	75,197	17,824	46,232	3,342
Wellness program & transplant	33,080	7,841	20,338	1,470
	108,277	25,665	66,570	4,812
Total benefits	**1,113,218**	**503,832**	**1,126,043**	**39,610**
Operating expenses:				
PCMI fee	30,971	7,342	19,042	1,377
Professional services	56,474	13,386	34,721	2,511
General expenses	7,986	1,893	4,910	355
Total operating expenses	95,431	22,621	58,673	4,243
Total deductions	**1,208,649**	**526,453**	**1,184,716**	**43,853**
Increase/(decrease) in net assets available for benefits	345,820	(84,664)	269,895	52,733
Increase in benefit obligations:				
Incurred but not reported claims	52,572	12,462	32,322	2,337
Claims payable	7,742	1,835	4,760	344
Total increase in benefit obligations	60,314	14,297	37,082	2,681
Increase/(decrease) in net assets available for benefits over obligations	285,506	(98,961)	232,813	50,052
Net assets/(liabilities) available for benefits:				
Beginning of year	1,282,523	(195,532)	(819,078)	121,717
Transfers in/out				
Transfers in/out				
End of year	**$ 1,568,029**	**$ (294,493)**	**$ (586,265)**	**$ 171,769**

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, 2012

	King City Nursery	Mesa Packing	Mission Organics	Mission Ranches	Pacific Risk Management
Additions:					
Contributions:					
Employer self-funded contributions	$ 274,800	$ 186,976	$ -	$ 1,039,362	$ (16,051)
Employer insured contributions	1,134	949	-	3,612	211
Employer contributions - administrative	105,322	88,176	-	335,560	19,595
Employee contributions	37,390	32,543	-	172,787	16,755
COBRA contributions	1,852	1,551	-	5,901	345
	420,498	310,195	-	1,557,222	20,855
Interest Income	23	19	-	73	4
Other Income:					
Rebates, refunds and stop loss reimbursement	14,812	12,401	-	47,192	2,756
Total additions	**435,333**	**322,615**	-	**1,604,487**	**23,615**
Deductions:					
Self-funded Benefits	178,469	395,435	-	922,897	158,025
Insured Benefits	19,637	16,441	-	62,564	3,653
	198,106	411,876	-	985,461	161,678
Other benefit costs:					
Plan network administrative costs	23,951	20,052	-	76,311	4,456
Wellness program & transplant	10,537	8,821	-	33,571	1,960
	34,488	28,873	-	109,882	6,416
Total benefits	**232,594**	**440,749**	-	**1,095,343**	**168,094**
Operating expenses:					
PCMI fee	9,865	8,259	-	31,430	1,835
Professional services	17,988	15,060	-	57,308	3,346
General expenses	2,544	2,130	-	8,103	473
Total operating expenses	30,397	25,449	-	96,841	5,654
Total deductions	**262,991**	**466,198**	-	**1,192,184**	**173,748**
Increase/(decrease) in net assets available for benefits	172,342	(143,583)	-	412,303	(150,133)
Increase in benefit obligations:					
Incurred but not reported claims	16,745	14,019	-	53,350	3,115
Claims payable	2,466	2,065	-	7,856	459
Total increase in benefit obligations	19,211	16,084	-	61,206	3,574
Increase/(decrease) in net assets available for benefits over obligations	153,131	(159,667)	-	351,097	(153,707)
Net assets/(liabilities) available for benefits:					
Beginning of year	232,026	(426,470)	(77,968)	(985,502)	(154,117)
Transfers in/out			77,968	(77,968)	
Transfers in/out				$ 67,651	
End of year	**$ 385,157**	**$ (586,137)**	**$ -**	**$ (644,722)**	**$ (307,824)**

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, 2012

	Pinnacle Application	Rancho Maria	Rio Farms	Seco Packing
Additions:				
Contributions:				
Employer self-funded contributions	$ 322,466	$ -	$ 1,253,350	$ 341,593
Employer insured contributions	976	-	4,509	949
Employer contributions - administrative	90,626	-	418,838	88,176
Employee contributions	65,310	-	179,558	57,366
COBRA contributions	1,594	-	7,365	1,551
	480,972	-	1,863,620	489,635
Interest Income	20	-	91	19
Other Income:				
Rebates, refunds and stop loss reimbursement	12,745	-	58,904	12,401
Total additions	**493,737**	**-**	**1,922,615**	**502,055**
Deductions:				
Self-funded Benefits	227,460	223	1,368,290	348,175
Insured Benefits	16,897	-	78,092	16,441
	244,357	223	1,446,382	364,616
Other benefit costs:				
Plan network administrative costs	20,609	-	95,250	20,052
Wellness program & transplant	9,066	-	41,902	8,821
	29,675	-	137,152	28,873
Total benefits	**274,032**	**223**	**1,583,534**	**393,489**
Operating expenses:				
PCMI fee	8,489	-	39,232	8,259
Professional services	15,478	-	71,534	15,060
General expenses	2,189	-	10,116	2,130
Total operating expenses	26,156	-	120,882	25,449
Total deductions	**300,188**	**223**	**1,704,416**	**418,938**
Increase/(decrease) in net assets available for benefits	193,549	(223)	218,199	83,117
Increase in benefit obligations:				
Incurred but not reported claims	14,409	-	66,592	14,019
Claims payable	2,122	-	9,806	2,065
Total increase in benefit obligations	16,531	-	76,398	16,084
Increase/(decrease) in net assets available for benefits over obligations	177,018	(223)	141,801	67,033
Net assets/(liabilities) available for benefits:				
Beginning of year	307,594	67,874	(1,956,551)	(235,098)
Transfers in/out				
Transfers in/out		$ (67,651)		
End of year	**$ 484,612**	**$ -**	**$ (1,814,750)**	**$ (168,065)**

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, 2012

	True Leaf Farms	TrueTrac	Western Harvesting	Totals
Additions:				
Contributions:				
Employer self-funded contributions	$ 630,030	$ 89,374	$ 127,322	**$ 9,285,589**
Employer insured contributions	1,767	185	422	**32,116**
Employer contributions - administrative	164,106	17,145	39,189	**2,983,298**
Employee contributions	113,660	19,285	16,310	**1,484,344**
COBRA contributions	2,886	301	689	**52,459**
	912,449	126,290	183,932	**13,837,806**
Interest Income	36	4	9	**652**
Other Income:				
Rebates, refunds and stop loss reimbursement	23,079	2,411	5,511	**419,557**
Total additions	**935,564**	**128,705**	**189,452**	**14,258,015**
Deductions:				
Self-funded Benefits	570,733	138,714	92,960	**9,369,226**
Insured Benefits	30,598	3,197	7,307	**556,237**
	601,331	141,911	100,267	**9,925,463**
Other benefit costs:				
Plan network administrative costs	37,320	3,899	8,912	**678,439**
Wellness program & transplant	16,418	1,715	3,921	**298,459**
	53,738	5,614	12,833	**976,898**
Total benefits	**655,069**	**147,525**	**113,100**	**10,902,361**
Operating expenses:				
PCMI fee	15,371	1,606	3,671	**279,436**
Professional services	28,028	2,929	6,693	**509,517**
General expenses	3,964	414	947	**72,053**
Total operating expenses	47,363	4,949	11,311	**861,006**
Total deductions	**702,432**	**152,474**	**124,411**	**11,763,367**
Increase/(decrease) in net assets available for benefits	233,132	(23,769)	65,041	**2,494,648**
Increase in benefit obligations:				
Incurred but not reported claims	26,091	2,726	6,231	**474,317**
Claims payable	3,842	401	918	**69,851**
Total increase in benefit obligations	29,933	3,127	7,149	**544,168**
Increase/(decrease) in net assets available for benefits over obligations	203,199	(26,896)	57,892	**1,950,480**
Net assets/(liabilities) available for benefits:				
Beginning of year	310,933	51,283	116,613	**(1,705,946)**
Transfers in/out				-
Transfers in/out				-
End of year	**$ 514,132**	**$ 24,387**	**$ 174,505**	**$ 244,534**

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, 2012

	American Farms	American Growers Cooling	Big Valley Labor	CB Harvesting	Express Harvesting
Additions:					
Contributions:					
Employer self-funded contributions	$ 199,378	$ 296,986	$ 161,451	$ 207,531	$ 373,682
Employer insured contributions	870	1,002	738	633	2,241
Employer contributions - administrative	80,828	93,075	68,582	58,784	208,194
Employee contributions	33,861	60,131	2,945	37,562	62,686
COBRA contributions	1,421	1,637	1,206	1,034	3,661
	316,358	452,831	234,922	305,544	650,464
Interest Income	18	20	15	13	47
Other Income:					
Rebates, refunds and stop loss reimbursement	11,367	13,090	9,645	8,267	29,279
Total additions	**327,743**	**465,941**	**244,582**	**313,824**	**679,790**
Deductions:					
Self-funded Benefits	129,107	333,442	120,301	119,536	314,825
Insured Benefits	15,070	17,354	12,787	10,960	38,818
	144,177	350,796	133,088	130,496	353,643
Other benefit costs:					
Plan network administrative costs	18,381	21,166	15,596	13,368	47,346
Wellness program & transplant	8,086	9,312	6,861	5,881	20,828
	26,467	30,478	22,457	19,249	68,174
Total benefits	**170,644**	**381,274**	**155,545**	**149,745**	**421,817**
Operating expenses:					
PCMI fee	7,571	8,718	6,424	5,506	19,501
Professional services	13,805	15,896	11,712	10,039	35,558
General expenses	1,952	2,248	1,656	1,420	5,028
Total operating expenses	23,328	26,862	19,792	16,965	60,087
Total deductions	**193,972**	**408,136**	**175,337**	**166,710**	**481,904**
Increase/(decrease) in net assets available for benefits	133,771	57,805	69,245	147,114	197,886
Increase in benefit obligations:					
Incurred but not reported claims	12,851	14,798	10,904	9,346	33,101
Claims payable	1,893	2,179	1,606	1,376	4,875
Total increase in benefit obligations	14,744	16,977	12,510	10,722	37,976
Increase/(decrease) in net assets available for benefits over obligations	119,027	40,828	56,735	136,392	159,910
Net assets/(liabilities) available for benefits:					
Beginning of year	(628,455)	222,019	(28,038)	198,447	736,562
Transfers in/out					
Transfers in/out					
End of year	**$ (509,428)**	**$ 262,847**	**$ 28,697**	**$ 334,839**	**$ 896,472**

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, 2012

	Fallen Oak Packing	Fresh Connect	G & H Farms	Gill Ranch	Gill Transport
Additions:					
Contributions:					
Employer self-funded contributions	$ 106,092	$ 180,088	$ 467,346	$ 471,184	$ 143,414
Employer insured contributions	369	369	2,320	1,688	422
Employer contributions - administrative	34,291	34,291	215,542	156,758	39,189
Employee contributions	18,292	-	70,940	74,447	27,400
COBRA contributions	603	603	3,790	2,756	689
	159,647	215,351	759,938	706,833	211,114
Interest Income	7	7	48	34	9
Other Income:					
Rebates, refunds and stop loss reimbursement	4,822	4,822	30,313	22,046	5,511
Total additions	**164,476**	**220,180**	**790,299**	**728,913**	**216,634**
Deductions:					
Self-funded Benefits	72,122	406,085	484,281	452,633	75,044
Insured Benefits	6,394	6,394	40,188	29,228	7,307
	78,516	412,479	524,469	481,861	82,351
Other benefit costs:					
Plan network administrative costs	7,798	7,798	49,018	35,649	8,912
Wellness program & transplant	3,431	3,431	21,564	15,683	3,921
	11,229	11,229	70,582	51,332	12,833
Total benefits	**89,745**	**423,708**	**595,051**	**533,193**	**95,184**
Operating expenses:					
PCMI fee	3,212	3,212	20,189	14,683	3,671
Professional services	5,856	5,856	36,813	26,773	6,693
General expenses	828	828	5,206	3,786	947
Total operating expenses	9,896	9,896	62,208	45,242	11,311
Total deductions	**99,641**	**433,604**	**657,259**	**578,435**	**106,495**
Increase/(decrease) in net assets available for benefits	64,835	(213,424)	133,040	150,478	110,139
Increase in benefit obligations:					
Incurred but not reported claims	5,452	5,452	34,269	24,923	6,231
Claims payable	803	803	5,047	3,670	918
Total increase in benefit obligations	6,255	6,255	39,316	28,593	7,149
Increase/(decrease) in net assets available for benefits over obligations	58,580	(219,679)	93,724	121,885	102,990
Net assets/(liabilities) available for benefits:					
Beginning of year	72,255	(175,654)	77,263	187,183	(7,775)
Transfers in/out					
Transfers in/out					
End of year	**$ 130,835**	**$ (395,333)**	**$ 170,987**	**$ 309,068**	**$ 95,215**

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, 2012

	Gill's Onions	Green Valley Farm Supply	Growers Express	Kennedy Farms
Additions:				
Contributions:				
Employer self-funded contributions	$ 1,026,099	$ 302,109	$ 1,033,250	$ 67,757
Employer insured contributions	3,559	844	2,189	158
Employer contributions - administrative	330,661	78,379	203,295	14,696
Employee contributions	141,763	48,039	183,667	11,647
COBRA contributions	5,813	1,378	3,575	258
	1,507,895	430,749	1,425,976	94,516
Interest Income	72	17	44	3
Other Income:				
Rebates, refunds and stop loss reimbursement	46,502	11,023	28,591	2,067
Total additions	**1,554,469**	**441,789**	**1,454,611**	**96,586**
Deductions:				
Self-funded Benefits	943,289	463,553	1,021,569	32,058
Insured Benefits	61,652	14,614	37,904	2,740
	1,004,941	478,167	1,059,473	34,798
Other benefit costs:				
Plan network administrative costs	75,197	17,824	46,232	3,342
Wellness program & transplant	33,080	7,841	20,338	1,470
	108,277	25,665	66,570	4,812
Total benefits	**1,113,218**	**503,832**	**1,126,043**	**39,610**
Operating expenses:				
PCMI fee	30,971	7,342	19,042	1,377
Professional services	56,474	13,386	34,721	2,511
General expenses	7,986	1,893	4,910	355
Total operating expenses	95,431	22,621	58,673	4,243
Total deductions	**1,208,649**	**526,453**	**1,184,716**	**43,853**
Increase/(decrease) in net assets available for benefits	345,820	(84,664)	269,895	52,733
Increase in benefit obligations:				
Incurred but not reported claims	52,572	12,462	32,322	2,337
Claims payable	7,742	1,835	4,760	344
Total increase in benefit obligations	60,314	14,297	37,082	2,681
Increase/(decrease) in net assets available for benefits over obligations	285,506	(98,961)	232,813	50,052
Net assets/(liabilities) available for benefits:				
Beginning of year	1,282,523	(195,532)	(819,078)	121,717
Transfers in/out				
Transfers in/out				
End of year	**$ 1,568,029**	**$ (294,493)**	**$ (586,265)**	**$ 171,769**

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, 2012

	King City Nursery	Mesa Packing	Mission Organics	Mission Ranches	Pacific Risk Management
Additions:					
Contributions:					
Employer self-funded contributions	$ 274,800	$ 186,976	$ -	$ 1,039,362	$ (16,051)
Employer insured contributions	1,134	949	-	3,612	211
Employer contributions - administrative	105,322	88,176	-	335,560	19,595
Employee contributions	37,390	32,543	-	172,787	16,755
COBRA contributions	1,852	1,551	-	5,901	345
	420,498	310,195	-	1,557,222	20,855
Interest Income	23	19	-	73	4
Other Income:					
Rebates, refunds and stop loss reimbursement	14,812	12,401	-	47,192	2,756
Total additions	**435,333**	**322,615**	-	**1,604,487**	**23,615**
Deductions:					
Self-funded Benefits	178,469	395,435	-	922,897	158,025
Insured Benefits	19,637	16,441	-	62,564	3,653
	198,106	411,876	-	985,461	161,678
Other benefit costs:					
Plan network administrative costs	23,951	20,052	-	76,311	4,456
Wellness program & transplant	10,537	8,821	-	33,571	1,960
	34,488	28,873	-	109,882	6,416
Total benefits	**232,594**	**440,749**	-	**1,095,343**	**168,094**
Operating expenses:					
PCMI fee	9,865	8,259	-	31,430	1,835
Professional services	17,988	15,060	-	57,308	3,346
General expenses	2,544	2,130	-	8,103	473
Total operating expenses	30,397	25,449	-	96,841	5,654
Total deductions	**262,991**	**466,198**	-	**1,192,184**	**173,748**
Increase/(decrease) in net assets available for benefits	172,342	(143,583)	-	412,303	(150,133)
Increase in benefit obligations:					
Incurred but not reported claims	16,745	14,019	-	53,350	3,115
Claims payable	2,466	2,065	-	7,856	459
Total increase in benefit obligations	19,211	16,084	-	61,206	3,574
Increase/(decrease) in net assets available for benefits over obligations	153,131	(159,667)	-	351,097	(153,707)
Net assets/(liabilities) available for benefits:					
Beginning of year	232,026	(426,470)	(77,968)	(985,502)	(154,117)
Transfers in/out			77,968	(77,968)	
Transfers in/out				$ 67,651	
End of year	**$ 385,157**	**$ (586,137)**	**$ -**	**$ (644,722)**	**$ (307,824)**

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, 2012

	Pinnacle Application	Rancho Maria	Rio Farms	Seco Packing
Additions:				
Contributions:				
Employer self-funded contributions	$ 322,466	$ -	$ 1,253,350	$ 341,593
Employer insured contributions	976	-	4,509	949
Employer contributions - administrative	90,626	-	418,838	88,176
Employee contributions	65,310	-	179,558	57,366
COBRA contributions	1,594	-	7,365	1,551
	480,972	-	1,863,620	489,635
Interest Income	20	-	91	19
Other Income:				
Rebates, refunds and stop loss reimbursement	12,745	-	58,904	12,401
Total additions	**493,737**	**-**	**1,922,615**	**502,055**
Deductions:				
Self-funded Benefits	227,460	223	1,368,290	348,175
Insured Benefits	16,897	-	78,092	16,441
	244,357	223	1,446,382	364,616
Other benefit costs:				
Plan network administrative costs	20,609	-	95,250	20,052
Wellness program & transplant	9,066	-	41,902	8,821
	29,675	-	137,152	28,873
Total benefits	**274,032**	**223**	**1,583,534**	**393,489**
Operating expenses:				
PCMI fee	8,489	-	39,232	8,259
Professional services	15,478	-	71,534	15,060
General expenses	2,189	-	10,116	2,130
Total operating expenses	26,156	-	120,882	25,449
Total deductions	**300,188**	**223**	**1,704,416**	**418,938**
Increase/(decrease) in net assets available for benefits	193,549	(223)	218,199	83,117
Increase in benefit obligations:				
Incurred but not reported claims	14,409	-	66,592	14,019
Claims payable	2,122	-	9,806	2,065
Total increase in benefit obligations	16,531	-	76,398	16,084
Increase/(decrease) in net assets available for benefits over obligations	177,018	(223)	141,801	67,033
Net assets/(liabilities) available for benefits:				
Beginning of year	307,594	67,874	(1,956,551)	(235,098)
Transfers in/out				
Transfers in/out		$ (67,651)		
End of year	**$ 484,612**	**$ -**	**$ (1,814,750)**	**$ (168,065)**

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, 2012

	True Leaf Farms	TrueTrac	Western Harvesting	Totals
Additions:				
Contributions:				
Employer self-funded contributions	$ 630,030	$ 89,374	$ 127,322	**$ 9,285,589**
Employer insured contributions	1,767	185	422	**32,116**
Employer contributions - administrative	164,106	17,145	39,189	**2,983,298**
Employee contributions	113,660	19,285	16,310	**1,484,344**
COBRA contributions	2,886	301	689	**52,459**
	912,449	126,290	183,932	**13,837,806**
Interest Income	36	4	9	**652**
Other Income:				
Rebates, refunds and stop loss reimbursement	23,079	2,411	5,511	**419,557**
Total additions	**935,564**	**128,705**	**189,452**	**14,258,015**
Deductions:				
Self-funded Benefits	570,733	138,714	92,960	**9,369,226**
Insured Benefits	30,598	3,197	7,307	**556,237**
	601,331	141,911	100,267	**9,925,463**
Other benefit costs:				
Plan network administrative costs	37,320	3,899	8,912	**678,439**
Wellness program & transplant	16,418	1,715	3,921	**298,459**
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Transfers in/out				-
Transfers in/out				-
End of year	**$ 514,132**	**$ 24,387**	**$ 174,505**	**$ 244,534**

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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for: [ ] a multiemployer plan; [X] 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: [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, include 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]	10/2/13	Sarah Grat
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	[signature]	10/2/13	David Gill, membr
	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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

HEMMING MORSE CPAS AND CONSULTANTS
101 MONTGOMERY STREET, SUITE 1400
SAN FRANCISCO CA 94104

Preparer's telephone number (optional) 4158364000