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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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 (employer, if for a single-employer plan)
(Address should include room or suite no.)
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.	10/12/2010	JAMES STRACHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

RIO FARMS

P.O.BOX 605
KING CITY, CA 93902

3b Administrator's EIN
77-0009052

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	162
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**	159
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**	159
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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	148	01/01/2009	12/31/2009

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
225	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	
225			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	5072
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

N/A

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RIO FARMS, PRM HEALTH PLAN

B Three-digit plan number (PN) ▶ 510

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

D Employer Identification Number (EIN)
77-0009052

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

1 Coverage Information:

(a) Name of insurance carrier
LLOYDS OF LONDON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	(g) To
11-1128987	0000	LL-0092-010108	68	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	47767
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

N/A

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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(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)

ACCORDIA

94-1651475

(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?
17	NONE	25760	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC STATES ASSET MANAGEMENT

77-0478781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	13462	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE CLAIMS MANAGEMENT

68-0324254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	37379	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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	-1796995

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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)	-2046484	-1796995
(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	-2046484	-1796995
	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	-2046484	-1796995

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)	963968	
	(B) Participants	2a(1)(B)	127469	
	(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)		1091437
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		35530
d Total income. Add all **income** amounts in column (b) and enter total	2d		1126967
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	656829	
(2) To insurance carriers for the provision of benefits	2e(2)	54314	
(3) Other	2e(3)	78003	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		789146
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)	46210	
(2) Contract administrator fees	2i(2)	37378	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4744	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		88332
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		877478
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		249489
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: 94-2723629

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

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

Part IV Compliance Questions

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

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

PACIFIC RISK MANAGEMENT
HEALTH BENEFIT PLAN

FINANCIAL STATEMENTS

December 31, 2009 and 2008

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
FINANCIAL STATEMENTS
December 31, 2009 and 2008

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HEMMING
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INDEPENDENT AUDITOR'S REPORT

Plan Management
Pacific Risk Management Health Benefit Plan

We have audited the accompanying statements of net assets available for benefits and of Plan benefit obligations for Pacific Risk Management Health Benefit Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits and of changes in Plan benefit obligations for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly in all material respects, the financial status of the Pacific Risk Management Health Benefit Plan as of December 31, 2009 and 2008 and the changes in financial status for the years ended December 31, 2009 and 2008 are in conformity with accounting principles generally accepted in the United States of America.

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

Hemming Morse

San Francisco, California
August 3, 2010

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS
December 31, 2009 and 2008

ASSETS

	2009	2008
Receivables:		
Due from employers (Notes 1C and 2B)	$ 34,498	$ 54,729
Prepaid expenses	11,114	-
Total assets	45,612	54,729

LIABILITIES

Accounts payable	80,734	20,000
Due to related entities (Note 4)	354,805	387,725
Advance by employers	-	222,775
Bank overdraft	106,697	306,923
Prepaid employer contributions	24,583	44,635
Total liabilities	566,819	982,058
Net Assets Available for Benefits	(521,207)	(927,329)

(Continued)

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

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS – (Continued)
December 31, 2009 and 2008

	2009	2008
Self-funded and insured benefits (Notes 1B and 2C):		
Claims incurred but not reported (Note 3)	1,345,381	1,593,204
Total benefit obligations	1,345,381	1,593,204
Deficit of Net Assets Available for Benefits Over Benefit Obligations	$ (1,866,588)	$ (2,520,533)

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

EXHIBIT B

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions:		
Contributions:		
Employer self-funded contributions	$ 6,577,893	$ 6,359,981
Employer insured contributions	36,771	38,871
Employer contributions – administrative	1,587,775	1,552,492
Employee contributions	1,139,920	700,424
COBRA contributions	41,085	43,054
	9,383,444	8,694,822
Other income:		
Rebates, refunds and stop loss reimbursement	311,722	61,545
Total additions	9,695,166	8,756,367
Deductions:		
Self-funded benefits (Notes 1B and 2C):		
Medical	5,580,819	5,297,649
Prescription drug	718,127	726,987
Dental	968,192	1,262,620
Vision	86,014	104,014
	7,353,152	7,391,270
Insured benefits:		
Stop-Loss Insurance premiums	432,002	458,163
Life AD&D Insurance premiums	44,523	40,737
	476,525	498,900
Other benefit costs:		
Plan network administrative fees	444,507	427,295
Wellness program	239,865	173,360
	684,372	600,655
Total benefits	8,514,049	8,490,825

(Continued)

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

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS – (Continued)
For the Years Ended December 31, 2009 and 2008

	2009	2008
Operating expenses:		
Administrative fees:		
PCMI fee	327,949	348,165
Professional services:		
Accounting and auditing	41,758	47,448
Consulting services	226,008	163,374
PSAM management fee	118,109	84,008
Legal	19,550	8,486
	405,425	303,316
General expenses	41,621	35,269
Total operating expenses	774,995	686,750
Total deductions	9,289,044	9,177,575
Increase/(decrease) in net assets available for benefits	406,122	(421,208)

(Continued)

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

EXHIBIT B

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND OF CHANGES IN PLAN BENEFIT OBLIGATIONS – (Continued)
For the Years Ended December 31, 2009 and 2008

	2009	2008
Increase in benefit obligations:		
Incurred but not reported claims	(247,823)	183,465
Total increase/(decrease) in benefit obligations	(247,823)	183,465
Increase/(decrease) in net assets available for benefits over benefit obligations	653,945	(604,673)
Deficit of Net Assets Available for Benefits Over Benefit Obligations:		
Beginning of year	(2,520,533)	(1,915,860)
End of year	$ (1,866,588)	$ (2,520,533)

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 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 covered by participating agreements of employers in the agricultural industries of Northern California and Arizona. This Plan has been designated as a 103-12 IE entity by Plan counsel and files tax forms in conjunction with Pacific Risk Management, LLC. As such, each participating 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.

C: Contributions:

During the years ended December 31, 2009 and 2008, 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 may include amounts for hours worked dependent upon eligibility provisions established for each Plan group. Plan 1, 2 and part of 3 contributions are made in the month in which the participant was employed on the first day. For the rest of Plan 3 and all of Plan 4, contributions in a month are based upon work in the previous month.

C. Benefits:

Depending on the eligibility provisions of the individual Plans, hours worked by participants through December 31, produce January eligibility for active participants. Self-funded benefits are accrued on the basis of claims incurred through December for active participants.

D. Participating Employer Plans – Schedule 1:

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

NOTE 3 - BENEFIT CLAIMS LIABILITY

The benefit claims liability, which includes reported and unreported claims, is calculated on the basis of claims incurred through December 31, in accordance with eligibility established for hours worked through December 31. The liability for future payment of claims payable and incurred but unreported at December 31, 2009 and 2008 in the amount of $1,345,381 and $1,593,204, 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, 2009 and 2008 is $208,744 and $289,864, respectively.

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, 2009 and 2008 is $1,733,527 and $1,659,487.

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, 2009 and 2008, the liability to return the advance is $2,337,076.

NOTE 5 – CONCENTRATION OF CREDIT RISK

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

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

SCHEDULE 1

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

December 31, 2009

	American Farms	Amer. Gr. Cooling	Big Valley Labor	Fresh Connect
Additions:				
Contributions:				
Employer contrubitions	375,847	201,300	87,946	77,434
Employee Contributions	53,259	59,510	8,384	-
COBRA Contributions	2,003	972	501	206
	431,109	261,782	96,831	77,640
Other Income:				
Insurance rebates and refunds	15,195	7,374	3,799	1,564
Total Additions	**446,304**	**269,156**	**100,630**	**79,204**
Deductions:				
Self-funded Benefits	406,348	163,776	153,228	35,001
Insured Benefits	23,228	11,273	5,807	2,391
	429,576	175,049	159,035	37,392
Other Benefit Costs:				
Plan network administrative costs	21,668	10,515	5,417	2,230
Interplan Wellness program	11,692	5,674	2,923	1,204
	33,360	16,189	8,340	3,434
Total Benefits	**462,936**	**191,238**	**167,375**	**40,826**
Operating Expenses:				
PCMI Fee	15,986	7,758	3,997	1,646
Professional Services	19,763	9,591	4,941	2,034
General Expenses	2,029	985	507	209
Total Operating expenses	37,778	18,334	9,445	3,889
Total deductions	**500,714**	**209,572**	**176,820**	**44,715**
Increase/(decrease) in Net Assets available for benefits	(54,410)	59,584	(76,190)	34,489
Increase in benefit obligations:				
Incurred but not reported claims	(12,080)	(5,862)	(3,020)	(1,244)
Total Increase in Benefit Obligations	(12,080)	(5,862)	(3,020)	(1,244)
Increase/(decrease) in net assets available for benefits over obligations	(42,330)	65,446	(73,170)	35,733
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (9,314)	$ (14,703)	$ 988	$ 30,086
End of year	**$ (51,644)**	**$ 50,743**	**$ (72,182)**	**$ 65,819**

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, 2009

	Fallen Oak Packing	G&H Farms	Gill Ranch	Gill's Onion	Gill's Transport
Additions:					
Contributions:					
Employer contrubitions	83,157	298,117	375,216	1,809,161	166,321
Employee Contributions	13,381	32,053	49,910	187,849	26,703
COBRA Contributions	412	1,914	1,886	10,308	677
	96,950	332,084	427,012	2,007,318	193,701
Other Income:					
Insurance rebates and refunds	3,128	14,524	14,301	78,210	5,139
Total Additions	**100,078**	**346,608**	**441,313**	**2,085,528**	**198,840**
Deductions:					
Self-funded Benefits	106,916	207,377	352,962	1,344,441	286,621
Insured Benefits	4,782	22,204	21,862	119,558	7,857
	111,698	229,581	374,824	1,463,999	294,478
Other Benefit Costs:					
Plan network administrative costs	4,461	20,712	20,393	111,525	7,329
Interplan Wellness program	2,407	11,177	11,005	60,181	3,955
	6,868	31,889	31,398	171,706	11,284
Total Benefits	**118,566**	**261,470**	**406,222**	**1,635,705**	**305,762**
Operating Expenses:					
PCMI Fee	3,291	15,281	15,046	82,281	5,407
Professional Services	4,069	18,891	18,600	101,720	6,684
General Expenses	418	1,939	1,909	10,443	686
Total Operating expenses	7,778	36,111	35,555	194,444	12,777
Total deductions	**126,344**	**297,581**	**441,777**	**1,830,149**	**318,539**
Increase/(decrease) in Net Assets available for benefits	(26,266)	49,027	(464)	255,379	(119,699)
Increase in benefit obligations:					
Incurred but not reported claims	(2,487)	(11,547)	(11,370)	(62,178)	(4,086)
Total Increase in Benefit Obligations	(2,487)	(11,547)	(11,370)	(62,178)	(4,086)
Increase/(decrease) in net assets available for benefits over obligations	(23,779)	60,574	10,906	317,557	(115,613)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 31,522	$ 52,689	$ 97,154	$ 677,270	$ 31,340
End of year	**$ 7,743**	**$ 113,263**	**$ 108,060**	**$ 994,827**	**$ (84,273)**

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, 2009

	G.V. Farm Supply	Growers Express	Expr. Harvesting	Kennedy Farms
Additions:				
Contributions:				
Employer contrubitions	123,038	614,126	351,025	53,404
Employee Contributions	18,927	122,390	40,449	8,557
COBRA Contributions	530	1,944	2,886	177
	142,495	738,460	394,360	62,138
Other Income:				
Insurance rebates and refunds	4,022	14,748	21,899	1,341
Total Additions	**146,517**	**753,208**	**416,259**	**63,479**
Deductions:				
Self-funded Benefits	132,966	703,259	255,923	22,588
Insured Benefits	6,149	22,545	33,476	2,050
	139,115	725,804	289,399	24,638
Other Benefit Costs:				
Plan network administrative costs	5,735	21,030	31,227	1,912
Interplan Wellness program	3,095	11,348	16,851	1,032
	8,830	32,378	48,078	2,944
Total Benefits	**147,945**	**758,182**	**337,477**	**27,582**
Operating Expenses:				
PCMI Fee	4,232	15,516	23,039	1,411
Professional Services	5,231	19,181	28,481	1,744
General Expenses	537	1,969	2,924	179
Total Operating expenses	10,000	36,666	54,444	3,334
Total deductions	**157,945**	**794,848**	**391,921**	**30,916**
Increase/(decrease) in Net Assets available for benefits	(11,428)	(41,640)	24,338	32,563
Increase in benefit obligations:				
Incurred but not reported claims	(3,198)	(11,725)	(17,410)	(1,066)
Total Increase in Benefit Obligations	(3,198)	(11,725)	(17,410)	(1,066)
Increase/(decrease) in net assets available for benefits over obligations	(8,230)	(29,915)	41,748	33,629
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (31,523)	$ (1,256,115)	$ 516,186	$ 31,462
End of year	**$ (39,753)**	**$ (1,286,030)**	**$ 557,934**	**$ 65,091**

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, 2009

	King City Nursery	Mesa Packing	Mission Org.	Mission Ranches	Pac. Risk Mgmt.
Additions:					
Contributions:					
Employer contrubitions	201,627	162,824	335,256	912,463	40,873
Employee Contributions	23,584	22,993	64,476	119,722	8,935
COBRA Contributions	1,060	1,001	1,590	4,241	118
	226,271	186,818	401,322	1,036,426	49,926
Other Income:					
Insurance rebates and refunds	8,044	7,598	12,067	32,178	894
Total Additions	**234,315**	**194,416**	**413,389**	**1,068,604**	**50,820**
Deductions:					
Self-funded Benefits	154,579	122,258	292,626	947,699	108,317
Insured Benefits	12,297	11,614	18,446	49,190	1,366
	166,876	133,872	311,072	996,889	109,683
Other Benefit Costs:					
Plan network administrative costs	11,471	10,834	17,207	45,884	1,275
Interplan Wellness program	6,190	5,846	9,285	24,760	688
	17,661	16,680	26,492	70,644	1,963
Total Benefits	**184,537**	**150,552**	**337,564**	**1,067,533**	**111,646**
Operating Expenses:					
PCMI Fee	8,463	7,993	12,695	33,853	940
Professional Services	10,463	9,881	15,694	41,850	1,163
General Expenses	1,074	1,014	1,611	4,296	119
Total Operating expenses	20,000	18,888	30,000	79,999	2,222
Total deductions	**204,537**	**169,440**	**367,564**	**1,147,532**	**113,868**
Increase/(decrease) in Net Assets available for benefits	29,778	24,976	45,825	(78,928)	(63,048)
Increase in benefit obligations:					
Incurred but not reported claims	(6,395)	(6,040)	(9,593)	(25,582)	(710)
Total Increase in Benefit Obligations	(6,395)	(6,040)	(9,593)	(25,582)	(710)
Increase/(decrease) in net assets available for benefits over obligations	36,173	31,016	55,418	(53,346)	(62,338)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ (18,849)	$ (508,843)	$ (91,768)	$ (432,310)	$ 19,319
End of year	**$ 17,324**	**$ (477,827)**	**$ (36,350)**	**$ (485,656)**	**$ (43,019)**

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, 2009

	Pinnacle Appl.	Rancho Maria	Rio Farms	Seco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer contrubitions	201,902	71,262	963,968	227,546	306,366
Employee Contributions	31,972	8,176	122,786	39,902	53,684
COBRA Contributions	766	324	4,683	942	1,355
	234,640	79,762	1,091,437	268,390	361,405
Other Income:					
Insurance rebates and refunds	5,810	2,458	35,530	7,151	10,279
Total Additions	**240,450**	**82,220**	**1,126,967**	**275,541**	**371,684**
Deductions:					
Self-funded Benefits	149,340	69,735	685,075	299,541	252,815
Insured Benefits	8,881	3,758	54,314	10,931	15,713
	158,221	73,493	739,389	310,472	268,528
Other Benefit Costs:					
Plan network administrative costs	8,285	3,505	50,664	10,197	14,658
Interplan Wellness program	4,471	1,891	27,339	5,502	7,910
	12,756	5,396	78,003	15,699	22,568
Total Benefits	**170,977**	**78,889**	**817,392**	**326,171**	**291,096**
Operating Expenses:					
PCMI Fee	6,112	2,585	37,378	7,523	10,814
Professional Services	7,556	3,197	46,210	9,300	13,368
General Expenses	776	328	4,744	955	1,373
Total Operating expenses	14,444	6,110	88,332	17,778	25,555
Total deductions	**185,421**	**84,999**	**905,724**	**343,949**	**316,651**
Increase/(decrease) in Net Assets available for benefits	55,029	(2,779)	221,243	(68,408)	55,033
Increase in benefit obligations:					
Incurred but not reported claims	(4,619)	(1,954)	(28,246)	(5,685)	(8,172)
Total Increase in Benefit Obligations	(4,619)	(1,954)	(28,246)	(5,685)	(8,172)
Increase/(decrease) in net assets available for benefits over obligations	59,648	(825)	249,489	(62,723)	63,205
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 91,764	$ 58,388	$ (2,046,484)	$ 23,362	$ 223,802
End of year	**$ 151,412**	**$ 57,563**	**$ (1,796,995)**	**$ (39,361)**	**$ 287,007**

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, 2009

	TrueTrac	CB Harvesting	West Harvesting	Totals
Additions:				
Contributions:				
Employer contrubitions	12,547	73,492	76,221	$ 8,202,439
Employee Contributions	1,935	10,344	t0,039	1,139,920
COBRA Contributions	29	295	265	41,085
	14,511	84,131	86,525	9,383,444
Other Income:				
Insurance rebates and refunds	223	2,235	2,011	311,722
Total Additions	14,734	86,366	88,536	9,695,166
Deductions:				
Self-funded Benefits	1,439	46,812	51,510	7,353,152
Insured Benefits	342	3,417	3,074	476,525
	1,781	50,229	54,584	7,829,677
Other Benefit Costs:				
Plan network administrative costs	319	3,186	2,868	444,507
Interplan Wellness program	172	1,719	1,548	239,865
	491	4,905	4,416	684,372
Total Benefits	2,272	55,134	59,000	8,514,049
Operating Expenses:				
PCMI Fee	235	2,351	2,116	327,949
Professional Services	291	2,906	2,616	405,425
General Expenses	30	298	269	41,621
Total Operating expenses	556	5,555	5,001	774,995
Total deductions	2,828	60,689	64,001	9,289,044
Increase/(decrease) in Net Assets available for benefits	11,906	25,677	24,535	406,122
Increase in benefit obligations:				
Incurred but not reported claims	(178)	(1,777)	(1,599)	(247,823)
Total Increase in Benefit Obligations	(178)	(1,777)	(1,599)	(247,823)
Increase/(decrease) in net assets available for benefits over obligations	12,084	27,454	26,134	653,945
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ -	$ (28,640)	$ 32,684	$ (2,520,533)
End of year	$ 12,084	$ (1,186)	$ 58,818	$ (1,866,588)

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN

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

December 31, 2009

SCHEDULE 1

	Pinnacle Appl.	Rancho Maria	Rio Farms	Seco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer contrubitions	201,902	71,262	963,968	227,546	306,366
Employee Contributions	31,972	8,176	122,786	39,902	53,684
COBRA Contributions	766	324	4,683	942	1,355
	234,640	79,762	1,091,437	268,390	361,405
Other Income:					
Insurance rebates and refunds	5,810	2,458	35,530	7,151	10,279
Total Additions	**240,450**	**82,220**	**1,126,967**	**275,541**	**371,684**
Deductions:					
Self-funded Benefits	149,340	69,735	685,075	299,541	252,815
Insured Benefits	8,881	3,758	54,314	10,931	15,713
	158,221	73,493	739,389	310,472	268,528
Other Benefit Costs:					
Plan network administrative costs	8,285	3,505	50,664	10,197	14,658
Interplan Wellness program	4,471	1,891	27,339	5,502	7,910
	12,756	5,396	78,003	15,699	22,568
Total Benefits	**170,977**	**78,889**	**817,392**	**326,171**	**291,096**
Operating Expenses:					
PCMI Fee	6,112	2,585	37,378	7,523	10,814
Professional Services	7,556	3,197	46,210	9,300	13,368
General Expenses	776	328	4,744	955	1,373
Total Operating expenses	14,444	6,110	88,332	17,778	25,555
Total deductions	**185,421**	**84,999**	**905,724**	**343,949**	**316,651**
Increase/(decrease) in Net Assets available for benefits	55,029	(2,779)	221,243	(68,408)	55,033
Increase in benefit obligations:					
Incurred but not reported claims	(4,619)	(1,954)	(28,246)	(5,685)	(8,172)
Total Increase in Benefit Obligations	(4,619)	(1,954)	(28,246)	(5,685)	(8,172)
Increase/(decrease) in net assets available for benefits over obligations	59,648	(825)	249,489	(62,723)	63,205
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 91,764	$ 58,388	$ (2,046,484)	$ 23,362	$ 223,802
End of year	$ 151,412	$ 57,563	$ (1,796,995)	$ (39,361)	$ 287,007

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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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;
- [ ] special extension (enter description)
- [ ] automatic extension;
- [ ] the DFVC program;

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 (employer, if for a single-employer plan)
(Address should include room or suite no.)
RIO FARMS

P.O.BOX 605

KING CITY CA 93902

2b Employer Identification Number (EIN) 77-0009052

2c Sponsor's telephone number 8313856225

2d Business code (see instructions) 111210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Signature of plan administrator	10-11-2010 Date	James Strachan Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10-8-2010 Date	David Gil Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
V.092307.1