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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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.	10/11/2011	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**	159
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**	169
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**	169
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)** X	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(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		**b General Schedules**		
(1)	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)	
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)	
		(3) X	**A** (Insurance Information)	2
		(4) X	**C** (Service Provider Information)	
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	173	01/01/2010	12/31/2010

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
213	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	
213			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee 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**	6199
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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	84	01/01/2010	12/31/2010

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)**			
	▶				
	(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**	59844
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

N/A

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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)

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	41226	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

(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	14547	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

HEMMING MORSE CPAS & CONSULTANT INC

94-2723629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7686	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PACIFIC STATES ASSET MANAGEMENT

77-0478781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	6215	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

(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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	-1964142

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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)	-1796995	-1964142
(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	-1796995	-1964142
	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	-1796995	-1964142

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)	1122031	
	(B) Participants	2a(1)(B)	148578	
	(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)		1270609
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32	
	(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)		32
	(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		5486
d Total income. Add all **income** amounts in column (b) and enter total	2d		1276127
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1162901	
(2) To insurance carriers for the provision of benefits	2e(2)	68044	
(3) Other	2e(3)	130516	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1361461
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)	32230	
(2) Contract administrator fees	2i(2)	41226	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8357	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		81813
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1443274
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-167147
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, 2010 and 2009

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
FINANCIAL STATEMENTS
December 31, 2010 and 2009

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HEMMING
MORSE, INC.
CERTIFIED PUBLIC ACCOUNTANTS
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San Francisco, CA 94105

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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, 2010 and 2009 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, 2010 and 2009 and the changes in financial status for the years ended December 31, 2010 and 2009 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.

San Francisco, California
July 18, 2011

Hemming Morse

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS
December 31, 2010 and 2009

ASSETS

	2010	2009
Receivables:		
Due from employers (Notes 1C and 2B)	$ 189,127	$ 34,498
Due from related entities (Note 4)	21,737	-
	210,864	34,498
Prepaid expenses	3,571	11,114
Total assets	214,435	45,612

LIABILITIES

Accounts payable	323,796	80,734
Due to related entities (Note 4)	-	354,805
Bank overdraft	353,562	106,697
Prepaid employer contributions	-	24,583
Total liabilities	677,358	566,819
Net Assets Available for Benefits	(462,923)	(521,207)

(Continued)

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

EXHIBIT A

PACIFIC RISK MANAGEMENT HEALTH BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND OF PLAN BENEFIT OBLIGATIONS – (Continued)
December 31, 2010 and 2009

	2010	2009
Self-funded and insured benefits (Notes 1B and 2C):		
Claims incurred but not reported (Note 3)	1,649,809	1,345,381
Total benefit obligations	1,649,809	1,345,381
Deficit of Net Assets Available for Benefits Over Benefit Obligations	$ (2,112,732)	$ (1,866,588)

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, 2010 and 2009

	2010	2009
Additions:		
Contributions:		
Employer self-funded contributions	$ 6,494,387	$ 6,577,893
Employer insured contributions	31,977	36,771
Employer contributions – administrative	1,805,371	1,587,775
Employee contributions	1,131,750	1,139,920
COBRA contributions	108,241	41,085
	9,571,726	9,383,444
Interest income	226	-
Other income:		
Rebates, refunds and stop loss reimbursement	39,341	311,722
Total additions	9,611,293	9,695,166
Deductions:		
Self-funded benefits (Notes 1B and 2C):		
Medical	5,872,395	5,580,819
Prescription drug	757,387	718,127
Dental	788,498	968,192
Vision	124,008	86,014
	7,542,288	7,353,152
Insured benefits:		
Stop-Loss Insurance premiums	443,528	432,002
Life AD&D Insurance premiums	44,457	44,523
	487,985	476,525
Other benefit costs:		
Plan network administrative fees	604,928	444,507
Wellness program	331,081	239,865
	936,009	684,372
Total benefits	8,966,282	8,514,049

(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, 2010 and 2009

	2010	2009
Operating expenses:		
Administrative fees:		
PCMI fee	295,656	327,949
Professional services:		
Accounting and auditing	55,121	41,758
Consulting services	104,323	226,008
PSAM management fee	44,570	118,109
Legal	27,124	19,550
	231,138	405,425
General expenses	59,933	41,621
Total operating expenses	586,727	774,995
Total deductions	9,553,009	9,289,044
Increase in net assets available for benefits	58,284	406,122

(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, 2010 and 2009

	2010	2009
Increase in benefit obligations:		
Incurred but not reported claims	304,428	(247,823)
Total increase/(decrease) in benefit obligations	304,428	(247,823)
Increase/(decrease) in net assets available for benefits over benefit obligations	(246,144)	653,945
Deficit of Net Assets Available for Benefits Over Benefit Obligations:		
Beginning of year	(1,866,588)	(2,520,533)
End of year	$ (2,112,732)	$ (1,866,588)

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

NOTE 1 - DESCRIPTION OF THE PLAN

A. General:

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

The Pacific Risk Management Health Benefit Plan 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, 2010 and 2009, 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 Plan 4 participants through December 31, produce January eligibility for active participants. Plan 4 participants are seasonal workers and make up an immaterial amount in December. The rest of the Plan participants have December hours worked that produce December eligibility. 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, 2010 and 2009 in the amount of $1,649,809 and $1,345,381, 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, 2010 and 2009 is $21,737 and $-0-, respectively. The total amount the Plan's payable to the LLC and related entities as of December 31, 2010 and 2009 is $-0- and $354,805, respectively. The major portions of this payable or receivable is described below.

Pacific Risk Management Health Benefit Plan owns 100% of the Pacific Captive Insurance Company (PCIC). PCIC is an industry group captive insurance company licensed to write insurance in the United States. The Company was incorporated as of April 2, 2004, is domiciled in the State of Arizona, and writes assumed reinsurance workers compensation liability coverages for a closed group of participating employers instead of to the general public. The equity ownership as shown on PCIC audited financial statements as of December 31, 2010 and 2009 is $1,396,315 and $1,733,527.

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, 2010 and 2009, 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, 2010

	American Farms	Amer. Gr. Cooling	Big Valley Labor	Fresh Connect
Additions:				
Contributions:				
Employer contrubitions	466,477	242,195	93,528	104,260
Employee Contributions	63,263	61,141	9,142	-
COBRA Contributions	6,430	3,126	1,340	804
	536,170	306,462	104,010	105,064
Interest Income	13	7	3	2
Other Income:				
Insurance rebates and refunds	2,337	1,136	487	292
Total Additions	**538,520**	**307,605**	**104,500**	**105,358**
Deductions:				
Self-funded Benefits	543,477	121,921	44,771	146,653
Insured Benefits	28,989	14,092	6,039	3,624
	572,466	136,013	50,810	150,277
Other Benefit Costs:				
Plan network administrative costs	35,936	17,469	7,487	4,492
Interplan Wellness program	19,668	9,561	4,098	2,459
	55,604	27,030	11,585	6,951
Total Benefits	**628,070**	**163,043**	**62,395**	**157,228**
Operating Exponses:				
PCMI Fee	17,564	8,538	3,659	2,195
Professional Services	13,731	6,675	2,861	1,716
General Expenses	3,560	1,731	742	445
Total Operating expenses	34,855	16,944	7,262	4,356
Total deductions	**662,925**	**179,987**	**69,657**	**161,584**
Increase/(decrease) in Net Assets available for benefits	(124,405)	127,618	34,843	(56,226)
Increase in benefit obligations:				
Incurred but not reported claims	18,085	8,791	3,768	2,261
Total Increase in Benefit Obligations	18,085	8,791	3,768	2,261
Increase/(decrease) in net assets available for benefits over obligations	(142,490)	118,827	31,075	(58,487)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (51,644)	$ 50,743	$ (72,182)	$ 65,819
End of year	$ (194,134)	$ 169,570	$ (41,107)	$ 7,332

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, 2010

	Fallen Oak Packing	G&H Farms	Gill Ranch	Gill's Onion	Gill's Transport
Additions:					
Contributions:					
Employer contributions	90,825	354,641	455,263	1,083,725	184,470
Employee Contributions	14,995	37,404	56,225	123,819	28,988
COBRA Contributions	1,250	6,073	6,162	14,469	2,143
	107,070	398,118	517,650	1,222,013	215,601
Interest Income	3	13	13	30	4
Other Income:					
Insurance rebates and refunds	454	2,207	2,240	5,260	779
Total Additions	107,527	400,338	519,903	1,227,303	216,384
Deductions:					
Self-funded Benefits	52,534	299,423	313,742	734,966	152,312
Insured Benefits	5,637	27,379	27,781	65,226	9,663
	58,171	326,802	341,523	800,192	161,975
Other Benefit Costs:					
Plan network administrative costs	6,988	33,940	34,439	80,857	11,979
Interplan Wellness program	3,824	18,576	18,849	44,252	6,556
	10,812	52,516	53,288	125,109	18,535
Total Benefits	68,983	379,318	394,811	925,301	180,510
Operating Expenses:					
PCMI Fee	3,415	16,588	16,832	39,518	5,855
Professional Services	2,670	12,968	13,159	30,894	4,577
General Expenses	692	3,363	3,412	8,010	1,187
Total Operating expenses	6,777	32,919	33,403	78,422	11,619
Total deductions	75,760	412,237	428,214	1,003,723	192,129
Increase/(decrease) in Net Assets available for benefits	31,767	(11,899)	91,689	223,580	24,255
Increase in benefit obligations:					
Incurred but not reported claims	3,516	17,080	17,331	40,691	6,028
Total Increase in Benefit Obligations	3,516	17,080	17,331	40,691	6,028
Increase/(decrease) in net assets available for benefits over obligations	28,251	(28,979)	74,358	182,889	18,227
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 7,743	$ 113,263	$ 108,060	$ 994,827	$ (84,273)
End of year	$ 35,994	$ 84,284	$ 182,418	$ 1,177,716	$ (66,046)

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, 2010

	G.V. Farm Supply	Growers Express	Expr. Harvesting	Kennedy Farms
Additions:				
Contributions:				
Employer contributions	173,119	696,683	431,954	57,387
Employee Contributions	22,910	132,392	40,223	7,476
COBRA Contributions	1,965	5,984	8,752	536
	197,994	835,059	480,929	65,399
Interest Income	4	12	18	1
Other Income:				
Insurance rebates and refunds	714	2,175	3,181	195
Total Additions	**198,712**	**837,246**	**484,128**	**65,595**
Deductions:				
Self-funded Benefits	115,440	510,221	265,065	34,974
Insured Benefits	8,858	26,976	39,458	2,416
	124,298	537,197	304,523	37,390
Other Benefit Costs:				
Plan network administrative costs	10,981	33,441	48,913	2,995
Interplan Wellness program	6,010	18,302	26,771	1,639
	16,991	51,743	75,684	4,634
Total Benefits	**141,289**	**588,940**	**380,207**	**42,024**
Operating Expenses:				
PCMI Fee	5,367	16,344	23,906	1,464
Professional Services	4,196	12,777	18,689	1,144
General Expenses	1,088	3,313	4,846	297
Total Operating expenses	10,651	32,434	47,441	2,905
Total deductions	**151,940**	**621,374**	**427,648**	**44,929**
Increase/(decrease) in Net Assets available for benefits	46,772	215,872	56,480	20,666
Increase in benefit obligations:				
Incurred but not reported claims	5,526	16,829	24,615	1,507
Total Increase in Benefit Obligations	5,526	16,829	24,615	1,507
Increase/(decrease) in net assets available for benefits over obligations	41,246	199,043	31,865	19,159
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (39,753)	$ (1,286,030)	$ 557,934	$ 65,091
End of year	**$ 1,493**	**$ (1,086,987)**	**$ 589,799**	**$ 84,250**

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, 2010

	King City Nursery	Mesa Packing	Mission Org.	Mission Ranchos	Pac. Risk Mgmt.
Additions:					
Contributions:					
Employer contrubitions	245,787	159,820	-	1,006,703	9,094
Employee Contributions	27,312	24,065	-	125,997	12,865
COBRA Contributions	3,572	2,590	-	12,503	447
	276,671	186,475	-	1,145,203	22,406
Interest Income	7	5	-	27	1
Other Income:					
Insurance rebates and refunds	1,298	941	-	4,544	162
Total Additions	**277,976**	**187,421**	**-**	**1,149,774**	**22,569**
Deductions:					
Self-funded Benefits	118,083	116,156	40,512	1,451,736	39,963
Insured Benefits	16,105	11,676	-	56,367	2,013
	134,188	127,832	40,512	1,508,103	41,976
Other Benefit Costs:					
Plan network administrative costs	19,965	14,474	-	69,875	2,496
Interplan Wellness program	10,927	7,922	-	38,243	1,366
	30,892	22,396	-	108,118	3,862
Total Benefits	**165,080**	**150,228**	**40,512**	**1,616,221**	**45,838**
Operating Expenses:					
PCMI Fee	9,758	7,074	-	34,152	1,220
Professional Services	7,628	5,531	-	26,698	954
General Expenses	1,978	1,434	-	6,923	247
Total Operating expenses	19,364	14,039	-	67,773	2,421
Total deductions	**184,444**	**164,267**	**40,512**	**1,683,994**	**48,259**
Increase/(decrease) in Net Assets available for benefits	93,532	23,154	(40,512)	(534,220)	(25,690)
Increase in benefit obligations:					
Incurred but not reported claims	10,047	7,284	-	35,165	1,256
Total Increase in Benefit Obligations	10,047	7,284	-	35,165	1,256
Increase/(decrease) in net assets available for benefit over obligations	83,485	15,870	(40,512)	(569,385)	(26,946)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 17,324	$ (477,827)	$ (36,350)	$ (485,656)	$ (43,019)
End of year	**$ 100,809**	**$ (461,957)**	**$ (76,862)**	**$ (1,055,041)**	**$ (69,965)**

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, 2010

	Pinnacle Appl.	Rancho Maria	Rio Farms	Soco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer contrubitions	240,690	85,112	1,122,031	269,150	462,470
Employee Contributions	38,915	8,032	133,485	44,649	73,530
COBRA Contributions	2,590	982	15,093	3,036	5,269
	282,195	94,126	1,270,609	316,835	541,269
Interest Income	5	2	32	6	11
Other Income:					
Insurance rebates and refunds	941	357	5,486	1,104	1,915
Total Additions	283,141	94,485	1,276,127	317,945	543,195
Deductions:					
Self-funded Benefits	188,392	63,230	1,120,452	407,120	502,381
Insured Benefits	11,676	4,429	68,044	13,689	23,755
	200,068	67,659	1,188,496	420,809	526,136
Other Benefit Costs:					
Plan network administrative costs	14,474	5,490	84,351	16,970	29,448
Interplan Wellness program	7,922	3,005	46,165	9,288	16,117
	22,396	8,495	130,516	26,258	45,565
Total Benefits	222,464	76,154	1,319,012	447,067	571,701
Operating Expenses:					
PCMI Fee	7,074	2,683	41,226	8,294	14,392
Professional Services	5,531	2,098	32,230	6,484	11,252
General Expenses	1,434	544	8,357	1,681	2,918
Total Operating expenses	14,039	5,325	81,813	16,459	28,562
Total deductions	236,503	81,479	1,400,825	463,526	600,263
Increase/(decrease) in Net Assets available for benefits	46,638	13,006	(124,698)	(145,581)	(57,068)
Increase in benefit obligations:					
Incurred but not reported claims	7,284	2,763	42,449	8,540	14,820
Total Increase in Benefit Obligations	7,284	2,763	42,449	8,540	14,820
Increase/(decrease) in net assets available for benefit over obligations	39,354	10,243	(167,147)	(154,121)	(71,888)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 151,412	$ 57,563	$ (1,796,995)	$ (39,361)	$ 287,007
End of year	$ 190,766	$ 67,806	$ (1,964,142)	$ (193,482)	$ 215,119

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, 2010

	TrueTrac	CB Harvesting	West Harvesting	Totals
Additions:				
Contributions:				
Employer contrubitions	63,174	141,560	91,617	8,331,735
Employee Contributions	2,901	29,832	12,189	1,131,750
COBRA Contributions	357	1,786	982	108,241
	66,432	173,178	104,788	9,571,726
Interest Income	1	4	2	226
Other Income:				
Insurance rebates and refunds	130	649	357	39,341
Total Additions	66,563	173,831	105,147	9,611,293
Deductions:				
Self-funded Benefits	26,817	64,819	65,128	7,542,288
Insured Benefits	1,611	8,053	4,429	487,985
	30,428	72,872	69,557	8,030,273
Other Benefit Costs:				
Plan network administrative costs	1,996	9,982	5,490	604,928
Interplan Wellness program	1,093	5,463	3,005	331,081
	3,089	15,445	8,495	936,009
Total Benefits	33,517	88,317	78,052	8,966,282
Operating Expenses:				
PCMI Fee	976	4,879	2,683	295,656
Professional Services	763	3,814	2,098	231,138
General Expenses	198	989	544	59,933
Total Operating expenses	1,937	9,682	5,325	586,727
Total deductions	35,454	97,999	83,377	9,553,009
Increase/(decrease) in Net Assets available for benefits	31,109	75,832	21,770	58,284
Increase in benefit obligations:				
Incurred but not reported claims	1,005	5,024	2,763	304,428
Total Increase in Benefit Obligations	1,005	5,024	2,763	304,428
Increase/(decrease) in net assets available for benefits over obligations	30,104	70,808	19,007	(246,144)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 12,084	$ (1,186)	$ 58,818	$ (1,866,588)
End of year	$ 42,188	$ 69,622	$ 77,825	$ (2,112,732)

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, 2010

	Fallen Oak Packing	G&H Farms	Gill Ranch	Gill's Onion	Gill's Transport
Additions:					
Contributions:					
Employer contrubitions	90,825	354,641	455,263	1,083,725	184,470
Employee Contributions	14,995	37,404	56,225	123,819	28,988
COBRA Contributions	1,250	6,073	6,162	14,469	2,143
	107,070	398,118	517,650	1,222,013	215,601
Interest Income	3	13	13	30	4
Other Income:					
Insurance rebates and refunds	454	2,207	2,240	5,260	779
Total Additions	**107,527**	**400,338**	**519,903**	**1,227,303**	**216,384**
Deductions:					
Self-funded Benefits	52,534	299,423	313,742	734,966	152,312
Insured Benefits	5,637	27,379	27,781	65,226	9,663
	58,171	326,802	341,523	800,192	161,975
Other Benefit Costs:					
Plan network administrative costs	6,988	33,940	34,439	80,857	11,979
Interplan Wellness program	3,824	18,576	18,849	44,252	6,556
	10,812	52,516	53,288	125,109	18,535
Total Benefits	**68,983**	**379,318**	**394,811**	**925,301**	**180,510**
Operating Expenses:					
PCMI Fee	3,415	16,588	16,832	39,518	5,855
Professional Services	2,670	12,968	13,159	30,894	4,577
General Expenses	692	3,363	3,412	8,010	1,187
Total Operating expenses	6,777	32,919	33,403	78,422	11,619
Total deductions	**75,760**	**412,237**	**428,214**	**1,003,723**	**192,129**
Increase/(decrease) in Net Assets available for benefits	31,767	(11,899)	91,689	223,580	24,255
Increase in benefit obligations:					
Incurred but not reported claims	3,516	17,080	17,331	40,691	6,028
Total Increase in Benefit Obligations	3,516	17,080	17,331	40,691	6,028
Increase/(decrease) in net assets available for benefits over obligations	28,251	(28,979)	74,358	182,889	18,227
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 7,743	$ 113,263	$ 108,060	$ 994,827	$ (84,273)
End of year	**$ 35,994**	**$ 84,284**	**$ 182,418**	**$ 1,177,716**	**$ (66,046)**

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, 2010

	G.V. Farm Supply	Growers Express	Expr. Harvesting	Kennedy Farms
Additions:				
Contributions:				
Employer contrubitions	173,119	696,683	431,954	57,387
Employee Contributions	22,910	132,392	40,223	7,476
COBRA Contributions	1,965	5,984	8,752	536
	197,994	835,059	480,929	65,399
Interest Income	4	12	18	1
Other Income:				
Insurance rebates and refunds	714	2,175	3,181	195
Total Additions	**198,712**	**837,246**	**484,128**	**65,595**
Deductions:				
Self-funded Benefits	115,440	510,221	265,065	34,974
Insured Benefits	8,858	26,976	39,458	2,416
	124,298	537,197	304,523	37,390
Other Benefit Costs:				
Plan network administrative costs	10,981	33,441	48,913	2,995
Interplan Wellness program	6,010	18,302	26,771	1,639
	16,991	51,743	75,684	4,634
Total Benefits	**141,289**	**588,940**	**380,207**	**42,024**
Operating Expenses:				
PCMI Fee	5,367	16,344	23,906	1,464
Professional Services	4,196	12,777	18,689	1,144
General Expenses	1,088	3,313	4,846	297
Total Operating expenses	10,651	32,434	47,441	2,905
Total deductions	**151,940**	**621,374**	**427,648**	**44,929**
Increase/(decrease) in Net Assets available for benefits	46,772	215,872	56,480	20,666
Increase in benefit obligations:				
Incurred but not reported claims	5,526	16,829	24,615	1,507
Total Increase in Benefit Obligations	5,526	16,829	24,615	1,507
Increase/(decrease) in net assets available for benefits over obligations	41,246	199,043	31,865	19,159
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (39,753)	$ (1,286,030)	$ 557,934	$ 65,091
End of year	**$ 1,493**	**$ (1,086,987)**	**$ 589,799**	**$ 84,250**

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, 2010

	King City Nursery	Mesa Packing	Mission Org.	Mission Ranches	Pac. Risk Mgmt.
Additions:					
Contributions:					
Employer contrubitions	245,787	159,820	-	1,006,703	9,094
Employee Contributions	27,312	24,065	-	125,997	12,865
COBRA Contributions	3,572	2,590	-	12,503	447
	276,671	186,475	-	1,145,203	22,406
Interest Income	7	5	-	27	1
Other Income:					
Insurance rebates and refunds	1,298	941	-	4,544	162
Total Additions	**277,976**	**187,421**	-	**1,149,774**	**22,569**
Deductions:					
Self-funded Benefits	118,083	116,156	40,512	1,451,736	39,963
Insured Benefits	16,105	11,676	-	56,367	2,013
	134,188	127,832	40,512	1,508,103	41,976
Other Benefit Costs:					
Plan network administrative costs	19,965	14,474	-	69,875	2,496
Interplan Wellness program	10,927	7,922	-	38,243	1,366
	30,892	22,396	-	108,118	3,862
Total Benefits	**165,080**	**150,228**	**40,512**	**1,616,221**	**45,838**
Operating Expenses:					
PCMI Fee	9,758	7,074	-	34,152	1,220
Professional Services	7,628	5,531	-	26,698	954
General Expenses	1,978	1,434	-	6,923	247
Total Operating expenses	19,364	14,039	-	67,773	2,421
Total deductions	**184,444**	**164,267**	**40,512**	**1,683,994**	**48,259**
Increase/(decrease) in Net Assets available for benefits	93,532	23,154	(40,512)	(534,220)	(25,690)
Increase in benefit obligations:					
Incurred but not reported claims	10,047	7,284	-	35,165	1,256
Total Increase in Benefit Obligations	10,047	7,284	-	35,165	1,256
Increase/(decrease) in net assets available for benefits over obligations	83,485	15,870	(40,512)	(569,385)	(26,946)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 17,324	$ (477,827)	$ (36,350)	$ (485,656)	$ (43,019)
End of year	**$ 100,809**	**$ (461,957)**	**$ (76,862)**	**$ (1,055,041)**	**$ (69,965)**

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, 2010

	Pinnacle Appl.	Rancho Maria	Rio Farms	Seco Packing	True Leaf Farms
Additions:					
Contributions:					
Employer contrubitions	240,690	85,112	1,122,031	269,150	462,470
Employee Contributions	38,915	8,032	133,485	44,649	73,530
COBRA Contributions	2,590	982	15,093	3,036	5,269
	282,195	94,126	1,270,609	316,835	541,269
Interest Income	5	2	32	6	11
Other Income:					
Insurance rebates and refunds	941	357	5,486	1,104	1,915
Total Additions	**283,141**	**94,485**	**1,276,127**	**317,945**	**543,195**
Deductions:					
Self-funded Benefits	188,392	63,230	1,120,452	407,120	502,381
Insured Benefits	11,676	4,429	68,044	13,689	23,755
	200,068	67,659	1,188,496	420,809	526,136
Other Benefit Costs:					
Plan network administrative costs	14,474	5,490	84,351	16,970	29,448
Interplan Wellness program	7,922	3,005	46,165	9,288	16,117
	22,396	8,495	130,516	26,258	45,565
Total Benefits	**222,464**	**76,154**	**1,319,012**	**447,067**	**571,701**
Operating Expenses:					
PCMI Fee	7,074	2,683	41,226	8,294	14,392
Professional Services	5,531	2,098	32,230	6,484	11,252
General Expenses	1,434	544	8,357	1,681	2,918
Total Operating expenses	14,039	5,325	81,813	16,459	28,562
Total deductions	**236,503**	**81,479**	**1,400,825**	**463,526**	**600,263**
Increase/(decrease) in Net Assets available for benefits	46,638	13,006	(124,698)	(145,581)	(57,068)
Increase in benefit obligations:					
Incurred but not reported claims	7,284	2,763	42,449	8,540	14,820
Total Increase in Benefit Obligations	7,284	2,763	42,449	8,540	14,820
Increase/(decrease) in net assets available for benefits over obligations	39,354	10,243	(167,147)	(154,121)	(71,888)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:					
Beginning of year	$ 151,412	$ 57,563	$ (1,796,995)	$ (39,361)	$ 287,007
End of year	**$ 190,766**	**$ 67,806**	**$ (1,964,142)**	**$ (193,482)**	**$ 215,119**

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, 2010

	American Farms	Amer. Gr. Cooling	Big Valley Labor	Fresh Connect
Additions:				
Contributions:				
Employer contrubitions	466,477	242,195	93,528	t04,260
Employee Contributions	63,263	61,141	9,142	-
COBRA Contributions	6,430	3,126	1,340	804
	536,170	306,462	104,010	105,064
Interest Income	13	7	3	2
Other Income:				
Insurance rebates and refunds	2,337	1,136	487	292
Total Additions	**538,520**	**307,605**	**104,500**	**105,358**
Deductions:				
Self-funded Benefits	543,477	121,921	44,771	146,653
Insured Benefits	28,989	14,092	6,039	3,624
	572,466	136,013	50,810	150,277
Other Benefit Costs:				
Plan network administrative costs	35,936	17,469	7,487	4,492
Interplan Wellness program	19,668	9,561	4,098	2,459
	55,604	27,030	11,585	6,951
Total Benefits	**628,070**	**163,043**	**62,395**	**157,228**
Operating Expenses:				
PCMI Fee	17,564	8,538	3,659	2,195
Professional Services	13,731	6,675	2,861	1,716
General Expenses	3,560	1,731	742	445
Total Operating expenses	34,855	16,944	7,262	4,356
Total deductions	**662,925**	**179,987**	**69,657**	**161,584**
Increase/(decrease) in Net Assets available for benefits	(124,405)	127,618	34,843	(56,226)
Increase in benefit obligations:				
Incurred but not reported claims	18,085	8,791	3,768	2,261
Total Increase in Benefit Obligations	18,085	8,791	3,768	2,261
Increase/(decrease) in net assets available for benefits over obligations	(142,490)	118,827	31,075	(58,487)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ (51,644)	$ 50,743	$ (72,182)	$ 65,819
End of year	$ (194,134)	$ 169,570	$ (41,107)	$ 7,332

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, 2010

	TrueTrac	CB Harvesting	West Harvesting	Totals
Additions:				
Contributions:				
Employer contrubitions	63,174	141,560	91,617	8,331,735
Employee Contributions	2,901	29,832	12,189	1,131,750
COBRA Contributions	357	1,786	982	108,241
	66,432	173,178	104,788	9,571,726
Interest Income	1	4	2	226
Other Income:				
Insurance rebates and refunds	130	649	357	39,341
Total Additions	**66,563**	**173,831**	**105,147**	**9,611,293**
Deductions:				
Self-funded Benefits	28,817	64,819	65,128	7,542,288
Insured Benefits	1,611	8,053	4,429	487,985
	30,428	72,872	69,557	8,030,273
Other Benefit Costs:				
Plan network administrative costs	1,996	9,982	5,490	604,928
Interplan Wellness program	1,093	5,463	3,005	331,081
	3,089	15,445	8,495	936,009
Total Benefits	**33,517**	**88,317**	**78,052**	**8,966,282**
Operating Expenses:				
PCMI Fee	976	4,879	2,683	295,656
Professional Services	763	3,814	2,098	231,138
General Expenses	198	989	544	59,933
Total Operating expenses	1,937	9,682	5,325	586,727
Total deductions	**35,454**	**97,999**	**83,377**	**9,553,009**
Increase/(decrease) in Net Assets available for benefits	31,109	75,832	21,770	58,284
Increase in benefit obligations:				
Incurred but not reported claims	1,005	5,024	2,763	304,428
Total Increase in Benefit Obligations	1,005	5,024	2,763	304,428
Increase/(decrease) in net assets available for benefits over obligations	30,104	70,808	19,007	(246,144)
Excess/(Deficit) of Net assets available for benefits over benefit obligations:				
Beginning of year	$ 12,084	$ (1,186)	$ 58,818	$ (1,866,588)
End of year	$ 42,188	$ 69,622	$ 77,825	$ (2,112,732)

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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	Date: 10/11/11	Enter name of individual signing as plan administrator: James Strachan
SIGN HERE	Signature of employer/plan sponsor	Date: 10/10/11	Enter name of individual signing as employer or plan sponsor: David Gill
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
V.092307.1