

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - 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:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>RIVERSTONE MEWA HEALTH PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RIVERSTONE HEALTH PLAN</u> <u>TOWER A-490</u> <u>4900 CALIFORNIA AVE</u> <u>BAKERSFIELD, CA 93309-7024</u>	1c Effective date of plan <u>09/01/2014</u> 2b Employer Identification Number (EIN) <u>90-2024960</u> 2c Plan Sponsor's telephone number <u>800-478-3340</u> 2d Business code (see instructions) <u>524210</u>

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.	10/01/2025	ROBERT MOORE
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RECEIVERSHIP MANAGEMENT, INC. 1994 GALLATIN PIKE N STE 202 MADISON, TN 37115-2024	3b Administrator's EIN 20-0200514 3c Administrator's telephone number 615-370-0051
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	0
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	0
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	0
	6g(2)	0
	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

4A 4T

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 165857264

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RIVERSTONE MEWA HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE HEALTH PLAN	D Employer Identification Number (EIN) 90-2024960	

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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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)

WYATT TARRANT & COMBS

400 WEST MARKET ST STE 2000
LOUISVILLE, KY 40202

61-0468003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	104064	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CALDWELL LAW FIRM

401 WILSHIRE BOULEVARD
12TH FLOOR
SANTA MONICA, CA 90401

51-1582024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	3574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BERRY & TUDOR PC

5123 VIRGINIA WAY STE B-23
BRENTWOOD, TN 37027

65-1525112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	9425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

RECEIVERSHIP MANAGEMENT, INC.

1994 N GALLATIN PIKE STE 202
MADISON, TN 37115-5049

20-0200514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 16 31 49 50 99	NONE	51983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RIVERSTONE MEWA HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE HEALTH PLAN	D Employer Identification Number (EIN) 90-2024960

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5394	16813
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)	2480817	3428597
(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)		
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2486211	3445410
Liabilities			
g Benefit claims payable.....	1g	5476995	5583987
h Operating payables.....	1h	7210	45450
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5484205	5629437
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-2997994	-2184027

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	868133	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		868133
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1304	
(B) U.S. Government securities.....	2b(1)(B)	128360	
(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)		129664
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2317	
(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)		2317
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1000114

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	6106	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	117338	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	51984	
(11) Other expenses	2i(11)	10719	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		186147
j Total expenses. Add all expense amounts in column (b) and enter total	2j		186147

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		813967
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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)		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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

EMPLOYER	Member Count	EIN	ADDRESS	ADDRESS 2	CITY	STATE	ZIP
360 Risk Partners Insurance Solutions Inc. DBA IIASB	595	46-0982602	1101 Fulton Ave	suite 204	Sacramento	CA	95825
Academy Benefits Insurance Agency, LLC	226	20-4771001	23945 Clabaras Rd. Ste 108		Calabasas	CA	91302
AG&Y ENTERPRISES INC-OWL WESTERN PHARMACY	90	47-4008339	1009 W. San Bernadino Rd.		Covina	CA	91722
Allied National Security, Inc	4	76-0736284	7247 Hayvenhurst Avenue Ste. A-7		Van Nuys	CA	91406
Altura Credit Union	110	95-2023588	2847 Campus Parkway		Riverside	CA	92507
Amen Clinics	206	91-2055998	3150 Bristol Street	Ste. 400	Costa Mesa	CA	92626
America Chung Nam	245	33-0398523	1163 Fairway Drive		City of Industry	CA	91789
APR Consulting Inc	284	95-3542256	1370 Valley Vista Dr	Ste. 280	Diamond Bar	CA	91765
Arborwell	119	33-0761894	2337 American Ave		Hayward	CA	94545
BAKERSFIELD TEMPORARY STAFFING SERVICES LLC	68	45-4717801	1203 California Ave	#A	Bakersfield	CA	93304
Barstow Fire Protection	39	95-6000675	220 E. Mountain View Street		Barstow	CA	92311
Bluewater Grill	8	33-0713412	630 Lido Park Drive		Newport Beach	CA	92663
Broad Band Integrators	17	45-4229411	4840 E. Brundage Ln.		Bakersfield	CA	93307
BURKE WILLIAMS	733	95-4125766	8927 Lindblade Street		Culver City	CA	90232
C. A. R. Enterprises (Anabi Oil)	547	95-4851502	1340 West 9th street		Upland	CA	91786
Cal Enterprises Labor Solutions	44	47-43559242	510 Peppertree St.		Visalia	CA	93291
Cali Burger	10	46-1931760	6800 Owensmouth Ave Suite 350		Canoga Park	CA	91303
California Expanded Metal Products Co.	807	95-2891746	13191 Crossroads Parkway North Suite 325.		City of Industry	CA	91746
CALIFORNIA TECHNICAL PLATING	49	47-1509968	11533 Bradley Ave.		San Fernando	CA	91340
CCL Custom Services Inc	18	54-2102693	13195 Flores Street		Santa Fe Springs	CA	90670
City of Modesto	2029	94-6000374	P.O. Box 642	Suite 325	Modesto	CA	95353
CLARK (Peter C Foy & Associates)	10	95-4281021	6200 Canoga Ave		Woodland Hills	CA	91367
Colusa Medical Center	131	81-4005462	199 E Webster St		Colusa	CA	95432
Commercial Fire Protection	110	80-0809046	360 Goddard		Irvine	CA	92618
Container Components, Inc.	52	95-4092903	21947 Plummer st.		Chatsworth	CA	91311
Contractors Wardrobe	178	95-3036314	26121 Avenue Hall		Valencia	CA	91355
CORPORATE (Peter C Foy & Associates)	6	95-4281021	6200 Canoga Ave	Suite 325	Woodland Hills	CA	91367
Creative Technical Services	1	95-4683175	8802 Watson Ave.		Whittier	CA	90605
DAVLYN INVESTMENTS	62	33-0678528	12625 High Bluff Drive	Suite 315	San Diego	CA	92130
DenMat Holdings, LLC	465	26-0417877	1017 W. Central Avenue		Lompoc	CA	93436
Dewey Pest Control	639	95-3152289	939 East Union Street		Pasadena	CA	91106-1716
Enki Health & Research Systems, Inc	38	95-3380634	150 East Olive Avenue Suite 203		Burbank	CA	91502
Experior Laboratories	65	20-0267232	1635 Ives Avenue		Oxnard	CA	93033
FCP Inc.	57	20-1474185	23100 Baxter Road		Wildomar	CA	92595
Feizy Import & Export LTD	129	75-1658387	13800 Diplomat Dr		Dallas	TX	75234
Five Keys School And Program	277	81-0622701	70 Oak Grove St	San	San Francisco	CA	94107
Fox Sports Grill	12	90-0399293	1 Park Blvd.	Ste. 101	San Diego	CA	92101
FPI Management	3597	68-0217638	800 Iron Point Rd		Folsom	CA	95630
Global Security Concepts	50	87-0742223	3340 S. Wynn Rd.	Suite #C	Las Vegas	NV	89102
Golden State AG Services	8	46-3182865	1200 S. Countyline Road #151		Delano	CA	93215
Golden West Security	63	95-3683902	12502 Van Nuys Blvd.	#215	Pacoima	CA	91331
Green Clean Water & Waste Services	8	80-0220102	5790 Miramar Rd.	#206	San Diego	CA	92121
Hard Rock Casino Sioux City	9	46-1842686	111 3rd street		Sioux City	IA	51101
Hatch Beauty Products	46	80-0520733	10951 W. Pico Blvd.	Suite 300	Los Angeles	CA	90064
HR Plus, LLC	97	46-0982602	1101 Fulton Ave	suite 204	Sacramento	CA	95825
JC Hospitality LLC DBA Hard Rock Hotel and Casino	1880	82-4808806	4455 paradise Road		Las Vegas	NV	89178
JELL Training and Consulting EBP	3	81-4866024	5543 Fairgrange Drive	Suite 100	Agoura Hills	CA	91301
Jensen Design & Survey	37	77-0530679	1672 Donlon St.		Ventura	CA	93003


Kretex International	279	77-00113041	5449 Endeavour Court			Moorpark	CA	93021
Lloyd Pest Control	279	95-1896185	1331 Morena Blvd		Ste. 300	San Diego	CA	92110
LMD Global Logistics Inc.	44	26-2509322	3136 E. Victoria St.			Rancho Dominguez	CA	90221
LMD Integrated Logistics Services	51	36-3656202	3136 E. Victoria St.			Rancho Dominguez	CA	90221
Lyon Y School District	1542	88-6000999	25 East Goldfield Ave			Yerington	NV	89447
M. FREDRIC & CO	35	95-3466635	28024 Dorothy Drive			Agoura Hills	CA	91301
Mannat Food Inc	28	20-5960568	1303 N Glenville Dr.			Richardson	TX	75081
Mariac Healthcare, LLC	307	64-3768758	7316 S. Yale Ave Suite 225			Tulsa	OK	74136
Meoversant	12	20-0613324	335 S. Grand Ave. #1700			Los Angeles	CA	90071
MIDA Industries	46	95-4245430	6101 Obispo Ave.			Long Beach	CA	90805
Miles Chemical Company	93	95-4803418	12801 Rangoon Street			Arieta	CA	91331
Nations Reliable Lending LLC	543	20-5973457	2506 W. Main St Suite 400			Houston	TX	77098
Natures Produce	56	95-4814798	3305 Bandini Blvd.			Vernon	CA	90058
PAYQWICK, INC.	14	82-0661648	23801 Calabasas Rd suite 1017			Calabasas	CA	91302
PetersenDean, Inc	1321	95-4281021	6200 Canoga Ave		Suite 325	Woodland Hills	CA	91367
RAMBLA OPERATIONS - RSF - (DAVLYN)	5	33-0678528	12625 High Bluff Drive		Suite 315	San Diego	CA	92130
Rasputin Records	19	94-2972332	2401 Telegraph Ave			Berkeley	CA	94704
REEL Security Corp.	76	56-2317914	15303 Ventura Blvd. . Suite 1080			Sherman Oaks	CA	91403
Regency Lighting/Allsale Electric	602	95-3601775	9261 Jordan Avenue			Chatsworth	CA	91311
Saint Paul Enterprises	71	20-8987799	837 W. Arrow Hwy.			Gandora	CA	91740
San Diego Metropolitan Transit System	338	95-3041463	1255 Imperial Ave.		Suite 1000	San Diego	CA	92101
SCE Partners LLC, Hard Rock Sioux City	409	46-1842686	111 3rd street			Sioux City	IA	51101
Semillas Sociedad Civil	71	95-4795129	4736 Huntington Dr. South			Los Angeles	CA	90032
Senex (Peter C Foy & Associates)	1	95-4281021	6200 Canoga Ave		Suite 325	Woodland Hills	CA	91367
Sharp Industries	45	95-3085978	3501 Challenger St.			Torrance	CA	90503
Simplify HR Inc	254	27-3043161	480 W. Alluvial Avenue			Fresno	CA	93650
Spicers/Kelly Paper	664	52-1595269	12310 E Slauson Ave			Sante Fe Springs	CA	90670
Stratton (Peter C Foy & Associates)	33	95-4281021	6200 Canoga Ave		Suite 325	Woodland Hills	CA	91367
Summit Funding	762	91-1780488	2241 Harvard St #200			Sacramento	CA	95815
Superior Protection Services	11	81-1074638	15317 Paramount Blvd Ste. 201			Paramount	CA	90723
SUPREME INK	4	46-0982602	1101 Fulton Ave		suite 204	Sacramento	CA	95825
System Paving Inc	372	33-0533565	1570 Brookhollow			Santa Ana	CA	92705
Teamwork HR	9	68-0482464	915 Mistletoe Lane			Redding	CA	96002
Teasdale Latin Foods	580	42-2897455	901 Packers St			Atwater	CA	95301
Town of Apple Valley	62	33-0338303	14955 Dale Evans Pkwy.			Apple Valley	CA	92307
TRIPLE ENTERPRISES	33	27-3543220	6800 Owensmouth Ave.		Suite 350	Canoga Park	CA	91303
United AG Personnel Management Inc.	30	46-1015777	129 North K Street			Tulare	CA	92374
UNITED TOWING AND TRANSPORT INC	78	73-1644634	2509 N. Ontario St			Burbank	CA	91504
US Veterans Initiative	281	95-4382752	800 W 6th St.		Ste. 1505	Los Angeles	CA	90017
V & L Transportation	25	95-4685322	2550 E 25th Street			Vernon	CA	90058
V&L Produce	35	75-3047000	2550 E 25th Street			Vernon	CA	90058
Visiting Nurse Association	94	95-1641973	6235 River Crest Drive		Suite L	Riverside	CA	92507
Vitek Mortgage Group	89	68-0910106	2882 Prospect Park Drive Suite 100			Sacramento	CA	95670
WALNUT CREEK (Peter C Foy & Associates)	19	95-4281021	6200 Canoga Ave		Suite 325	Woodland Hills	CA	91367
WOODLAND HILLS (Peter C Foy & Associates)	37	95-4281021	6200 Canoga Ave		Suite 325	Woodland Hills	CA	91367
XYTECH SYSTEM CORPORATION	57	84-1287561	9410 Topanga Canyon Blvd. #200			Chatsworth	CA	91311
Young Man's Christian Association of Greater Long Beach	112	95-164-3396	3605 Long Beach Blvd			Long Beach	CA	90807
Zein Insurance Services Inc.	13	02-0536898	21800 W Oxnard.		Suite 170	Woodland Hills	CA	91367
Grand Total	24219							

Receivership Management, Inc.

1101 Kermit Drive, Suite 735 Nashville, TN 37217 (615) 370-0051 Fax (615) 373-4336

MEMORANDUM

TO: U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
OFFICE OF THE CHIEF ACCOUNTANT

FROM: ROBERT E. MOORE, JR., PRESIDENT 
RECEIVERSHIP MANAGEMENT INC.-INDEPENDENT FIDUCIARY
RIVERSTONE MEWA HEALTH PLAN (a multiple employer welfare
plan)

DATE: OCTOBER 15 2025

RE: 2024 FORM 5500 SUBMISSION WITHOUT INDEPENDENT AUDIT

As the Independent Fiduciary of the above referenced multiple employer welfare plans, I am submitting the 2024 Form 5500 for this plan without an Independent Audit. Under the circumstances presented in connection with the Riverstone MEWA Health Plan (the "Plan"), an independent audit would not be justified.

Background

The Plan was determined to be a multiple employer welfare plan by the U.S. Department of Labor and the U.S. District Court for the Central District of California. In addition other findings of breaches of fiduciary duties, mishandling of funds, failure to pay legitimate medical claims and engaging in prohibited transactions were made by the U.S. District Court.

After filing the lawsuit in February, 2019, the U.S. District Court for the Central District of California appointed Receivership Management Inc. ("RMI") as Independent Fiduciary over the Plan and any related Plans. The Plan is filing its first Form 5500, even though it had been operating since 2016.

Since RMI's appointment, it petitioned the Court to terminate the Plan. The Court granted the petition and the Plan terminated all benefits effective 11:59 p.m. pacific time on March 8, 2019. The Court has adopted an All Writs Order and has approved a Plan of Liquidation for the Plan. RMI is currently going through a collection/enforcement of plan obligations against the participating employers in the Plan. There were over 19,000 covered lives in the Plan.

Audit and Audit Expense Not Justified

I would submit that an audit of this plan for plan year 2024 is not justified in light of the following:

1. Premium contributions and their use in the Plan's operation were investigated and provided to me by the U.S. Department of Labor, Employee Benefits Security Administration.
2. Limited resources of recovered plan funds are being used for refunds to members for amounts that should have been paid by the Plan or their employer, as well as, enforcement efforts against employers for payment of unpaid medical claims. The Plan has over \$5.4 million in estimated unpaid medical claims. Current assets total just under \$2.5 million.
3. The Plan has been terminated and is being liquidated.
4. All distributions and payments of medical claims will be made under the supervision of the U.S. District Court for the Central District of California.

In light of the above, it would appear that the estimated expense of \$25,000 to \$35,000 for an audit for plan year 2024, further reducing the funds available to participants, is not warranted. I would request relief from the independent audit requirement for plan year 2024.