Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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
THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/15/1997

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)
RIVERSTONE RESOURCES LLC

250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

2b Employer Identification Number (EIN)
02-0511580

2c Plan Sponsor's telephone number
603-656-2200

2d Business code (see instructions)
524150

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	SHANNA BARNES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	JAMES K. KELLY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	683
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	**6a(1)**	296
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	292
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	367
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	659
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	660
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	644
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2T 3H 2K 2R

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	[X]	**H** (Financial Information)
(2)	[ ]	**I** (Financial Information – Small Plan)
(3)	[ ]	**A** (Insurance Information)
(4)	[X]	**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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE RESOURCES LLC	**D** Employer Identification Number (EIN) 02-0511580

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	7335	Yes [X] No [ ]	Yes [X] 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 [ ]

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSTONE RESOURCES LLC

D Employer Identification Number (EIN)
02-0511580

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	0	600
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	845801	930806
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	139	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	68802	139
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	535937	634050
(9) Value of interest in common/collective trusts	1c(9)		0
(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)	79211337	76024559
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	190355	369869

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(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	80852371	77960023
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	80852371	77960023

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)	1864306	
	(B) Participants	2a(1)(B)	2251280	
	(C) Others (including rollovers)	2a(1)(C)	545568	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4661154
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	22677	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		22677
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4341101	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4341101
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		-4728648
c Other income	2c		-45662
d Total income. Add all **income** amounts in column (b) and enter total	2d		4250622
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7085136	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7085136
f Corrective distributions (see instructions)	2f		2321
g Certain deemed distributions of participant loans (see instructions)	2g		22116
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	33397	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33397
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7142970
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2892348
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			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?	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				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSTONE RESOURCES LLC

D Employer Identification Number (EIN)
02-0511580

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

The Individual Retirement Plan of
RiverStone Resources LLC
Financial Statements and Supplemental Schedule
December 31, 2015 and 2014

The Individual Retirement Plan of
RiverStone Resources LLC
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*Other supplemental schedules required by 29 CFA 2502.103-10 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

Independent Auditor's Report

To the Administrator of the Individual Retirement Plan of RiverStone Resources LLC

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Individual Retirement Plan of RiverStone Resources LLC (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and December 31, 2014 and the related statement of changes in net assets available for benefits for the year ended December 31, 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2015 and December 31, 2014 and for the year ended December 31, 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

Boston, MA
September 30, 2016

The Individual Retirement Plan of
RiverStone Resources LLC
Statement of Net Assets Available for Benefits
December 31, 2015 and 2014

		2015		*2014*
Assets:				
Investments, at fair value	$	76,024,559	$	79,280,139
Self-directed account		369,869		190,355
Total investments, at fair value		76,394,428		79,470,494
Receivables:				
Employer contributions		930,806		845,801
Notes receivable from participants		634,050		535,937
Accrued interest		139		139
Pending settlement fund		600		-
Total receivables		1,565,595		1,381,877
Net assets available for benefits	**$**	**77,960,023**	**$**	**80,852,371**

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

The Individual Retirement Plan of
RiverStone Resources LLC
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2015

Additions to net assets attributed to:		
Interest and dividends	$	4,292,353
Interest income on notes receivable from participants		22,677
Net depreciation in fair value of registered investment company investments		(4,728,648)
Other		3,086
		(410,532)
Contributions		
Contributions - employee		2,796,848
Contributions - employer		1,864,306
Total contributions		4,661,154
Total additions		4,250,622
Deductions from net assets attributed to:		
Benefits paid to participants		(7,109,573)
Administrative and other expenses		(33,397)
Total deductions		(7,142,970)
Net change in net assets available for benefits		(2,892,348)
Net increase		(2,892,348)
Net assets available for benefits:		
Beginning of year		80,852,371
End of year	$	77,960,023

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

1. Description of Plan

The following description of the Individual Retirement Plan (the "Plan") of RiverStone Resources LLC ("RiverStone Resources") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was originally established by Crum & Forster, Inc. effective January 1, 1971 as the Crum & Forster Employees Savings Plan for the benefit of eligible employees. The Crum & Forster Employees Savings Plan was subsequently amended several times and was renamed The Individual Retirement Plan of Talegen Holdings, Inc. (the "Talegen Plan") to reflect the name of the successor to Crum & Forster, Inc.

On October 15, 1997, The Resolution Group, Inc. ("The Resolution Group"), a participating employer under the Talegen Plan, was acquired by TRG Holding Corporation ("TRG Holding"). Effective October 15, 1997, International Insurance Company ("International Insurance"), along with The Resolution Group, the parent company of International Insurance, adopted the Talegen Plan and became a participant in the Talegen Plan. Effective October 15, 1997, the Talegen Plan was renamed The Individual Retirement Plan of International Insurance Company (the "International Plan"). All assets, liabilities and account balances maintained under the Talegen Plan for the benefit of individuals participating in the Talegen Plan were merged into the International Plan. Participant rollover accounts were 100% vested.

On August 11, 1999, all of the outstanding voting stock of TRG Holding was acquired by Fairfax Financial Holdings Limited ("Fairfax"), a Canadian based financial services holding company. The Fairfax acquisition of the voting stock of TRG Holding did not result in any adjustments to the Plan.

Effective January 3, 2000, all employees of International Insurance were transferred to RiverStone Resources, an affiliate of International Insurance. Pursuant to a service contract between International Insurance and RiverStone Resources effective January 1, 2000 and approved by the Illinois Department of Insurance, RiverStone Resources provides the administrative, financial, and technical employees necessary for the operations of International Insurance. International Insurance reimbursed RiverStone Resources on a cost basis for these services. Effective January 1, 2000, all employees of RiverStone Resources were eligible to participate in the International Plan.

Effective December 16, 2002, TIG Insurance Group, an affiliate of TRG Holding, acquired 100% of the outstanding shares of International Insurance and merged International Insurance into TIG Insurance Company ("TIG Insurance"), with TIG Insurance as the surviving entity. Effective January 1, 2003, the Plan sponsor was transferred to RiverStone Resources and the International Plan was renamed The Individual Retirement Plan of RiverStone Resources LLC.

Effective January 1, 2004, the Plan was amended to reflect the merger of the TIG Insurance Company Diversified Savings and Retirement Plan into the Plan. The provisions of the amended and restated Plan apply only to employees who terminate employment after January 1, 2004 and do not apply retroactively. Employee benefit rights for such prior years remain governed by the provisions of the applicable plan document for such years.

1. Description of Plan (continued)

On October 3, 2013 General Fidelity Insurance Company, an affiliate of TRG Holding, purchased all the outstanding shares of the American Safety Insurance Holdings LTD including its two property and casualty insurance subsidiaries. The American Safety Insurance Holding LTD 401(k) Profit Sharing Plan (the "ASI Plan") merged into the Plan effective November 1, 2014. Prior to the merger, there was a transfer of benefits for certain American Safety Insurance employees who had transitioned to RiverStone Resources with effective date of January 1, 2014. These participant balances were transferred from the ASI Plan on March 14, 2014 in the amount of $2,232,282. The remaining participant balances were transferred into the Plan on November 1, 2014 in the amounts of $5,234,209. Effective November 1, 2014, participants of the ASI Plan became eligible to participate in the Plan.

Eligible employees, which include employees of RiverStone Resources and TIG Insurance, may participate in the Plan on the first day of any calendar month following the date such eligible employees begin employment service. The Plan is a defined contribution plan and is funded by employee and employer contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and is intended to qualify as a profit sharing plan, which includes a qualified cash or deferred arrangement, within the meaning of the Internal Revenue Code ("Code").

The Plan is administered by an Administration and Finance Committee (collectively, the "Committee") appointed by RiverStone Resources.

Contributions
Participants may elect to contribute, on a pre-tax basis, between 1% through 50% of their eligible base salary for the contribution period subject to the maximum allowable level of pre-tax contributions under the Code. Pre-tax contributions were limited to $18,000 in 2015 in accordance with Code limitations. Employer regular matching contributions shall be made in an amount equal to 66-2/3% of salary deferral contributions for each pay period up to a total of 6% of compensation for the pay period. The maximum employer regular matching contribution is 4% of compensation for a pay period.

In addition, on an annual basis, RiverStone Resources contributes an additional 3% of base salary for all eligible employees whether or not such employees are participants in the Plan. The 3% additional employer contribution of $930,806 and $845,801 at December 31, 2015 and 2014, respectively, was accrued at December 31, 2015 and 2014. Riverstone Resources transferred/hired approximately 39 former American Safety Insurance employee's effective January 1, 2014. As such they were eligible to both contribute and receive the employer match any time after their start date with RiverStone. Effective August 1, 2014 the remaining employee's being paid by American Safety Insurance were transferred/hired to RiverStone Resources thereby eligible for all of our benefits to include participation in the 401(K).

It is RiverStone Resource's policy to fund the Plan for additional profit sharing contributions as practical but typically by the end of the first month following the Plan year-end. In addition, RiverStone Resources may make additional performance-related basic and performance-related matching contributions to the Plan. Performance-related contributions at December 31, 2015 and 2014 were $0 and $0, respectively.

1. Description of Plan (continued)

In accordance with rules and procedures established by the Committee and without regard to any limitations on contributions set forth in this Article 3, the Plan may receive or refuse to receive from a Participant, or an Employee who has not yet met the eligibility requirements to become a Participant, in cash, any amount of $100 or more previously received (or deemed to be received) by him or her from (i) another qualified plan described in Sections 401(a) or 403(b) of the Code, excluding after-tax employee contributions, (ii) an annuity contract described in Section 403(b) of the Code, excluding after-tax employee contributions, (iii) an eligible plan under Section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state, or (iv) from an individual retirement account or annuity described in Section 408(a) of the Code that is eligible to be rolled over and would otherwise be included in gross income. The Plan may receive such amount either directly from the Participant or Employee or from the other plan in the form of a direct rollover. Notwithstanding the foregoing, the Plan shall not accept any amount unless such amount is eligible to be rolled over in accordance with applicable law and the Participant or Employee provides satisfactory evidence under rules and procedures as established by the Committee that such amount qualifies for rollover treatment. Unless received by the Plan in the form of a direct rollover from another plan, the Rollover Contribution must be paid to the Trustee on or before the 60th day after the day it was received by the Participant.

Participants Accounts
Each participant's account is credited with his or her contributions and an allocation of employer contributions and Plan earnings. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting
Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Employees who were participants in the Talegen Plan are 100% vested in employer contributions made on their behalf plus actual earnings thereon. Employer contributions to the Plan on behalf of existing employees on October 15, 1997 who became participants subsequent to that date are vested pursuant to the terms of the Talegen Plan. Employer contributions to the Plan on behalf of employees who become both employees and participants subsequent to October 15, 1997 are vested pursuant to the following: a participant becomes 25% vested after 1 year of service, 50% vested after 2 years of service and 100% vested after 3 years of service. In addition, participants are 100% vested if age 65 is attained, or if participants die or become totally disabled while employed by RiverStone Resources or TIG Insurance.

Forfeitures
When participants terminate employment or service before fully vesting, the unvested portion of their account is forfeited. The forfeited amounts may be used to reduce employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2015 and 2014 were $83,000 and $26,937 respectively.

Investment Options
Upon enrollment in the Plan, a participant may direct contributions among any of the authorized investment options, which from time to time may include money market, fixed income, equity, and insurance contract funds.

1. Description of Plan (continued)

Payment of Benefits

On termination of service, a participant may elect to directly roll over the vested value of his or her account in an Individual Retirement Account, or to receive a lump-sum payment, a distribution in the form of an annuity, or a combination of the two. All distributions are subject to the applicable provisions of the Plan agreement.

Notes Receivable from Participants

Participants may borrow, pursuant to Code rules governing the Plan, up to the lesser of $50,000 or 50% of the vested portion of their account balance. The term of any loan may not exceed a period of five years unless such proceeds are used by the participant to acquire a principal residence, in which case the repayment period shall not exceed ten years. Interest on the loan will be charged based on a rate determined at the time of the loan application and shall be a reasonable rate as determined within the rules and procedures established by the Committee of the Plan. Principal loans outstanding at December 31, 2015 and 2014 were $634,050 and $535,937, respectively, with loan rates between 3.25% through 8.25%. The minimum loan amount per the Plan is $750. If a loan is not repaid or any other event of default occurs, the unpaid balance of such loan will become immediately due and payable: such amount will be deemed a taxable distribution to the extant provided by IRS rules.

2. Summary of Accounting Policies

Method of Accounting

The Plan's financial statements are prepared under accounting principles generally accepted in the United States of America (GAAP) on the accrual basis of accounting and reflect management's estimates and assumptions, such as those regarding fair value, that affect the recorded amounts.

Recently Adopted Accounting Pronouncement

In July 2015, the Financial Accounting Standards Boards issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (Part I) Fully Benefit-Responsive Investment Contracts; (Part II) Plan Investment Disclosures; (Part III) Measurement Date Practical Expedient. This update was issued to reduce complexity in employee benefit plan accounting and disclosure for three items. Part I of the update designates contract value as the only required measure for fully benefit-responsive investment contracts, eliminating the need to present fair value and a related reconciliation to contract value in the Plan financial statements. Part II eliminates certain plan disclosures including the identification of individual investments representing five percent or more of net assets available for benefits as well as disclosure of net appreciation or depreciation on investments at a level that is not aggregated. Part III is not applicable to the Plan. This update is effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. The Plan is currently evaluating the impact of this update. The update will have an impact on the presentation and disclosures in the Plan's financial statements only, and will have no impact on the amounts reported on the Plan's Statements of Net Assets Available for Benefits or Changes in Net Assets Available for Benefits."

Investments
The Plan's investments are stated at fair value based on quoted or estimated market prices available. Shares of registered investment company investments are valued at the net asset value of shares held by the Plan using the end of the day net asset value of the funds. Common stocks are valued based on quoted market prices. Purchases and sales of investments are recorded on a trade-date basis. Investment income is recorded when earned. Dividends are recorded on the ex-dividend date. Realized gains and losses are reported on the average cost method. Self-directed primarily consist of registered investment companies

Contributions
Employee contributions are recorded in the period during which RiverStone Resources makes payroll deductions from the Plan participants' earnings. Matching employer contributions, if any, are recorded in the same period. The additional contribution of 3% of base salary is recorded as of the end of the year. Upon a participant's termination from the Plan, unvested employer contributions are available to reduce subsequent employer contributions.

Benefits
Benefit claims are recorded as distributions when they have been approved for payment and paid by the Plan.

Administrative Expenses
Administrative, trustee and other debt expenses of $33,397 for the year ended December 31, 2015 were deducted from Plan assets.

Notes Receivable from Participants
Participant loans are reported as loans receivable from participants on the Statement of Net Assets Available for Benefits at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through direct payments or payroll deductions.

Use of Estimates
The preparation of financial statements in conformity with accounting GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets and liabilities during the reporting period. Actual results could differ from these estimates, but management does not believe such differences will materially affect the Plan's Net Assets Available for Benefits or Changes in Net Assets Available for benefits.

Risks and Uncertainties
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

3. Fair Value Measurement

Accounting Standards Codification ("ASC') 820, *Fair Value Measurements* guidance defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value and enhances disclosure requirements for fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels, from highest to lowest, are defined as follows:

- Level 1 – inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurements at December 31, 2015 and 2014 and their related inputs are as follows:

	December 31, 2015			
	Total	**Level 1**	**Level 2**	**Level 3**
Self-directed accounts	$ 369,869	$ 369,869	$ -	$ -
Bond funds	6,676,464	6,676,464	-	-
Domestic stock funds	40,315,885	40,315,885	-	-
International stock funds	4,404,745	4,404,745	-	-
Lifecycle funds	14,459,415	14,459,415	-	-
Money market funds	10,168,050	10,168,050	-	-
Total	$ 76,394,428	$ 76,394,428	$ -	$ -

	December 31, 2014			
	Total	**Level 1**	**Level 2**	**Level 3**
Self-directed accounts	$ 190,355	$ 190,355	$ -	$ -
Bond funds	6,799,435	6,799,435	-	-
Domestic stock funds	42,142,329	42,142,329	-	-
International stock funds	4,784,387	4,784,387	-	-
Lifecycle funds	15,601,805	15,601,805	-	-
Money market funds	9,952,183	9,952,183	-	-
Total	$ 79,470,494	$ 79,470,494	$ -	$ -

There were no transfers between Level 1 and Level 2 for the years ended December 31, 2015 and 2014. There were no securities measured at fair market value based upon unobservable inputs and accordingly, none were classified within Level 3 at December 31, 2015 or 2014.

4. Certified Financial Information

The following is a summary of the Plan's financial information and data as of December 31, 2015 and 2014, and for the year ended December 31, 2015. This information has been certified as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations under ERISA by Bank of America N.A, as of December 31, 2015 and 2014, and for the year ended December 31, 2015. In addition, the supplemental schedule was certified.

		2015	
		Units / Shares	Fair Value
Investments:			
	Dodge & Cox Stock FD	69,078	11,243,807
	FFI Treasury Fund *	10,168,050	10,168,050
	Deutsche Equity 500 Ind FD-Inst	45,074	9,464,538
	PIMCO Total Return Port. Instl	663,005	6,676,464
	American Fundamental	91,471	4,639,386
	T. Rowe Price 2010 Retirement	258,285	4,359,849
	Neuberger & Berman Genesis	67,828	3,463,281
	Managers Cadence Mid Cap FD CL	105,544	3,017,510
	T. Rowe Price 2030 Retirement	105,618	2,303,521
	T. Rowe Price 2025 Retirement	146,677	2,192,816
	Vanguard Grwth and Income FD	55,375	2,190,093
	T. Rowe Price 2020 Retirement	107,587	2,118,393
	American Europacific	43,264	1,960,745
	American Growth Fund	42,043	1,735,942
	Templeton Foreign Fund (Adv)	251,759	1,581,046
	Janus Growth & Income Fund CL	34,945	1,542,818
	JPMorgan Market Exp Enh Ind Selc	114,822	1,170,032
	T. Rowe Price Retirement Balance Inv	63,124	898,889
	Dodge & Cox International ST	23,656	862,953
	T. Rowe Price 2035 Retirement	48,862	771,532
	T. Rowe Price 2040 Retirement	31,942	721,261
	Invesco Small Cap Grth Instl	19,207	677,637
	Lord Abbett Mid Cap Stock CL A	22,120	543,276
	T. Rowe Price 2050 Retirement	41,006	522,414
	Franklin Small Cap Gth Fd	23,691	430,457
	T. Rowe Price 2045 Retirement	22,738	344,702
	T. Rowe Price 2015 Retirement	16,523	226,039
	Royce FD:SPEC EQ:Inst	11,073	197,108
Subtotal investments			76,024,559
Participants loans receivable*			$ 634,050
Self-directed account			$ 369,869

* Represents party-in-interest

4. Certified Financial Information (continued)

The following is a summary of the Plan's net investment income for the year ended December 31, 2015:

Interest and dividends:		
Investments	$	4,292,353
Notes receivable from participants		22,677
	$	4,315,030
Net depreciation in fair value of investments:		
Investments	$	(4,728,648)
	$	(4,728,648)

4. Certified Financial Information (continued)

		2014	
		Units / Shares	Fair Value
Investments:			
	Dodge & Cox Stock FD	74,288	13,441,615
	Deutsche Equity 500 Ind FD-Inst	44,933	10,101,819
	FFI Treasury Fund *	9,883,381	9,883,381
	PIMCO Total Return Port. Instl	637,846	6,799,435
	T. Rowe Price 2010 Retirement	271,112	4,806,816
	American Fundamental	77,873	4,054,046
	Neuberger & Berman Genesis	68,441	3,873,761
	Managers Cadence Mid Cap FD CL	98,102	3,171,644
	T. Rowe Price 2030 Retirement	128,362	2,954,885
	T. Rowe Price 2025 Retirement	168,669	2,649,784
	Templeton Foreign Fund (Adv)	310,269	2,131,550
	T. Rowe Price 2020 Retirement	87,819	1,818,723
	American Europacific	34,884	1,642,672
	Vanguard Grwth and Income FD	38,582	1,609,247
	Janus Growth & Income Fund CL	32,667	1,572,286
	American Growth Fund	34,097	1,455,263
	JPMorgan Market Exp Enh Ind Selc	87,955	1,107,350
	Dodge & Cox International ST	23,989	1,010,164
	T. Rowe Price Retirement Balance Inv	56,629	840,369
	T. Rowe Price 2040 Retirement	33,271	795,854
	T. Rowe Price 2035 Retirement	41,735	695,299
	Franklin Small Cap Gth Fd	31,099	603,007
	Lord Abbett Mid Cap Stock CL A	19,106	490,654
	Invesco Small Cap Grth Instl	11,442	447,373
	T. Rowe Price 2050 Retirement	27,784	372,580
	T. Rowe Price 2045 Retirement	21,906	350,491
	T. Rowe Price 2015 Retirement	21,908	317,006
	Royce FD:SPEC EQ:Inst	9,435	214,263
	BIF Money Market Fund	68,802	68,802
Subtotal investments			79,280,139
Participants loans receivable*			$ 535,937
Self-directed account			$ 190,355

* Represents party-in-interest

4. Certified Financial Information (continued)

Investments that represent 5% or more of the Plan's net assets at December 31, 2015 and 2014 are separately identified below:

	2015		2014
Dodge & Cox Stock FD	$ 11,243,807	Dodge & Cox Stock FD	$ 13,441,615
FFI Treasury Fund*	10,168,050	Deutsche Equity 500 Ind FD-Inst	10,101,819
DWS Equity 500 Index Fund-Inst	9,464,538	FFI Treasury Fund*	9,883,381
PIMCO Total Return Port. Instl	6,676,464	PIMCO Total Return Fund	6,799,435
American Fundamental	4,639,386	T. Rowe Price 2010 Retirement	4,806,816
T. Rowe Price 2010 Retirement	4,359,849	American Fundamental INV RS	4,054,046

* Represents party-in-interest

5. Plan Termination

Although it has not expressed any intent to do so, RiverStone Resources has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the total amount in each participant's account shall be distributed to the participant or continued in trust, in accordance with the applicable provisions of ERISA.

6. Income Taxes

The Plan has received a favorable determination letter from the Internal Revenue Service dated June 20, 2012 indicating that it is qualified under Section 401(a) of the Code and therefore the related Trust is exempt from Federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe the Plan is designed and is correctly being operated in compliance with the applicable requirements of the IRC.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements.

The Plan is no longer subject to examination by federal or state tax authorities for years before 2012.

7. Related Party Transactions

Bank of America N.A, the trustee of the Plan, manages the investments held by the Plan. Transactions in such investments qualify as party-in-interest that are allowable under ERISA. In addition, loan transactions to participants are deemed to be party-in-interest. Expenses of $33,397 related to recordkeeping services provided by the trustee also qualify as party-in interest transactions.

8. Subsequent Events

The Plan sponsor has evaluated events subsequent to December 31, 2015 and through the financial statement issuance date of September 30, 2016. RiverStone has not evaluated subsequent events after the issuance date for presentation in these financial statements.

The Individual Retirement Plan of
RiverStone Resources LLC
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2015 and 2014

Description of investment including maturity date, rate or interest collateral, and par or maturity value

Investments:	**Cost (1)**	**Shares/ Units**	**Current Value**
Dodge & Cox Stock FD		69,078	11,243,807
FFI Treasury Fund*		10,168,050	10,168,050
Deutsche Equity 500 Ind FD-Inst		45,074	9,464,538
PIMCO Total Return Port. Instl		663,005	6,676,464
American Fundamental		91,471	4,639,386
T. Rowe Price 2010 Retirement		258,285	4,359,849
Neuberger & Berman Genesis		67,828	3,463,281
Managers Cadence Mid Cap FD CL		105,544	3,017,510
T. Rowe Price 2030 Retirement		105,618	2,303,521
T. Rowe Price 2025 Retirement		146,677	2,192,816
Vanguard Grwth and Income FD		55,375	2,190,093
T. Rowe Price 2020 Retirement		107,587	2,118,393
American Europacific		43,264	1,960,745
American Growth Fund		42,043	1,735,942
Templeton Foreign Fund (Adv)		251,759	1,581,046
Janus Growth & Income Fund CL		34,945	1,542,818
JPMorgan Market Exp Enh Ind Selc		114,822	1,170,032
T. Rowe Price Retirement Balance Inv		63,124	898,889
Dodge & Cox International ST		23,656	862,953
T. Rowe Price 2035 Retirement		48,862	771,532
T. Rowe Price 2040 Retirement		31,942	721,261
Invesco Small Cap Grth Instl		19,207	677,637
Lord Abbett Mid Cap Stock CL A		22,120	543,276
T. Rowe Price 2050 Retirement		41,006	522,414
Franklin Small Cap Gth Fd		23,691	430,457
T. Rowe Price 2045 Retirement		22,738	344,702
T. Rowe Price 2015 Retirement		16,523	226,039
Royce FD:SPEC EQ:Inst		11,073	197,108

Subtotal investments	$	76,024,559
Participant loans *	$	634,050
Self-directed account	$	369,869
Total investments	**$**	**77,028,478**

* A party-in interest as defined by ERISA, 3.25% - 8.25% maturing through September 3, 2025

(1) Cost information not required for participant-directed investments.

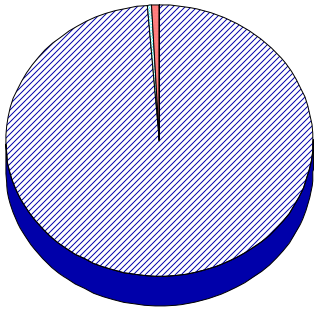
The information in this schedule has been certified as complete and accurate by Bank of America N.A. This supplemental schedule should be read together with the Independent Auditor's Reports.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 98.70% MUTUAL FUNDS
- 0.82% LOANS
- 0.00% ACCRUED INCOME
- 0.48% OTHER ASSETS
- 0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
MUTUAL FUNDS					
DEUTSCHE EQTY 500 IND FD-INST	45,073.5210	209.980	7,666,870.93	9,464,537.94	12.29%
PIMCO TOTAL RETURN PORT. INSTL	663,005.3344	10.070	7,136,410.48	6,676,463.72	8.67%
AMERICAN EUROPACIFIC GROWTH R6	43,264.4607	45.320	2,064,215.39	1,960,745.36	2.55%
AMERICAN FUNDAMENTAL	91,470.5417	50.720	4,546,124.04	4,639,385.88	6.02%
AMERICAN GROWTH FUND OF	42,042.6750	41.290	1,810,852.31	1,735,942.05	2.25%
JANUS GROWTH & INCOME FD CL I	34,944.9238	44.150	1,493,869.54	1,542,818.39	2.00%
DODGE & COX INTERNATIONAL ST	23,655.5167	36.480	925,693.56	862,953.25	1.12%
NEUBERGER BERMAN GENESIS	67,827.6783	51.060	4,053,131.52	3,463,281.25	4.50%
T. ROWE PRICE 2040 RETIREMENT	31,942.4888	22.580	726,125.34	721,261.40	0.94%
LORD ABBETT MID CAP STOCK CL I	22,120.3660	24.560	556,734.20	543,276.19	0.71%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
AMG MANAGERS CADENCE MID CAP	105,544.2553	28.590	2,375,941.96	3,017,510.26	3.92%
T. ROWE PRICE 2010 RETIREMENT	258,284.8795	16.880	4,065,273.90	4,359,848.77	5.66%
T. ROWE PRICE 2020 RETIREMENT	107,587.2549	19.690	2,023,210.55	2,118,393.05	2.75%
T. ROWE PRICE 2030 RETIREMENT	105,617.6684	21.810	2,397,442.70	2,303,521.35	2.99%
T ROWE PRICE RTRMT BALANCE INV	63,124.2373	14.240	863,792.53	898,889.14	1.17%
T. ROWE PRICE 2015 RETIREMENT	16,523.3328	13.680	228,710.16	226,039.19	0.29%
T. ROWE PRICE 2025 RETIREMENT	146,676.6211	14.950	2,258,300.77	2,192,815.49	2.85%
T. ROWE PRICE 2035 RETIREMENT	48,862.0313	15.790	803,884.24	771,531.47	1.00%
ROYCE FD:SPEC EQ;INST	11,073.4589	17.800	258,366.51	197,107.57	0.26%
FRANKLIN SMALL CAP GTH FD	23,690.5303	18.170	382,049.07	430,456.94	0.56%
INVESCO SMALL CAP GRTH CL R5	19,207.4017	35.280	693,372.07	677,637.13	0.88%
JPMORGAN MRKT EXP ENH IND SELC	114,821.5927	10.190	1,438,863.47	1,170,032.03	1.52%
T. ROWE PRICE 2045 RETIREMENT	22,737.5825	15.160	363,285.19	344,701.75	0.45%
T. ROWE PRICE 2050 RETIREMENT	41,005.7834	12.740	535,643.72	522,413.68	0.68%
FFI TREASURY FUND	10,168,050.2241	1.000	10,168,050.21	10,168,050.22	13.20%
TEMPLETON FOREIGN FUND (ADV)	251,758.9541	6.280	1,299,877.94	1,581,046.23	2.05%
VANGUARD GRWTH AND INCOME FD	55,375.3050	39.550	2,055,684.11	2,190,093.31	2.84%
DODGE & COX STOCK FUND	69,077.8801	162.770	8,726,148.56	11,243,806.54	14.60%
TOTAL MUTUAL FUNDS			**71,917,924.97**	**76,024,559.55**	**98.70%**
OTHER ASSETS					
SELF-DIRECT ACCT	369,868.7600	1.000	369,868.76	369,868.76	0.48%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2015 - 12/31/2015

THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
LOANS					
LOAN FUND	634,049.8200	1.000	634,049.82	634,049.82	0.82%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	600.0000	1.000	600.00	600.00	0.00%
INVESTMENT TOTAL			**72,922,443.55**	**77,029,078.13**	**100.00%**
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			139.37	139.37	0.00%
TOTAL ASSETS			**72,922,582.92**	**77,029,217.50**	**100.00%**

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity