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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [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
RGNEXT 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/06/2015

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)

RANGE GENERATION NEXT LLC

22265 PACIFIC BLVD
DULLES, VA 20166

2b Employer Identification Number (EIN)
46-2685728

2c Plan Sponsor's telephone number
571-250-1668

2d Business code (see instructions)
524210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	BELINDA B BURKEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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 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	
5 Total number of participants at the beginning of the plan year	**5**	840
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)**	810
a(2) Total number of active participants at the end of the plan year	**6a(2)**	904
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	56
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	960
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	960
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	697
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 2K

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RGNEXT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RANGE GENERATION NEXT LLC

D Employer Identification Number (EIN)
46-2685728

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	ZH9886	960	01/01/2017	12/31/2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3770353
5	Current value of plan's interest under this contract in separate accounts at year end	5	26530944

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	3848985
c	Additions: (1) Contributions deposited during the year	7c(1)	589092		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	41400		
	(4) Transferred from separate account	7c(4)	821710		
	(5) Other (specify below)	7c(5)	60741		
	▶ *				
	(6) Total additions			7c(6)	1512943
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	5361928
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1592288		
	(2) Administration charge made by carrier	7e(2)	3474		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	98582		
	▶ *				
	(5) Total deductions			7e(5)	1694344
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3667584

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RGNEXT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RANGE GENERATION NEXT LLC

D Employer Identification Number (EIN)
46-2685728

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).. . . . . [X] 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26	SERVICE PROVIDER	18441	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORNINGSTAR INVESTMENT MANGEMENT

36-4317381

(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?
26 27	SERVICE PROVIDER	8142	Yes [X] No [ ]	Yes [ ] No [X]	6071	Yes [ ] No [X]

(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
MORNINGSTAR	27	6071

(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.
VOYA RETIREMENT INSURANCE AND ANNUI 71-0294708	INVESTMENT ADVISORY (PLAN)

(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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RGNEXT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RANGE GENERATION NEXT LLC

D Employer Identification Number (EIN)
46-2685728

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	26530944

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RGNEXT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RANGE GENERATION NEXT LLC

D Employer Identification Number (EIN)
46-2685728

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	480838	774168
(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)	18412835	26530944
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3848985	3667584
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	22742658	30972696
	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	22742658	30972696

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)	1833629	
	(B) Participants	2a(1)(B)	4991333	
	(C) Others (including rollovers)	2a(1)(C)	1092884	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7917846
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	28895	
	(F) Other	2b(1)(F)	41400	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		70295
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		0
	(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)		0

		(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)		3274638
(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		609
d Total income. Add all **income** amounts in column (b) and enter total	2d		11263388
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3006486	
(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)		3006486
f Corrective distributions (see instructions)	2f		281
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
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)	26583	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26583
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3033350
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8230038
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) [ ] 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	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
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			

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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 sections 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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
RGNEXT 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RANGE GENERATION NEXT LLC

D Employer Identification Number (EIN)
46-2685728

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**

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): 71-0294708

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 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): _____

---

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):

Range Generation Next, LLC 401(k) Plan

Financial Statements and Supplemental Schedule

December 31, 2017 and 2016

Range Generation Next, LLC 401(k) Plan
Index

	Page(s)
Report of Independent Auditors	3-4
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2017 and 2016	5
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2017 and December 31, 2016	6
Notes to Financial Statements	7-15
Supplemental Schedule*	
Supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017	16

**Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.*



Report of Independent Auditors

To the Administrator of Range Generation Next, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Range Generation Next, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016, 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.

Auditors' 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 C, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the plan administrator by the custodian 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.

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
T: (617) 530 5000, F:(617) 530 5001, www.pwc.com/us

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017 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 custodian, 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

October 3, 2018

Range Generation Next, LLC 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31, 2017	*December 31, 2016*
Assets:		
Investments at Fair Value (Note D)	$ 26,530,944	$ 18,412,835
Fully benefit-responsive investment contracts at contract value	$ 3,667,584	$ 3,848,985
Total Investments	$ 30,198,528	$ 22,261,820
Receivables		
Employer Contributions	$ -	$ -
Participant Contributions	$ -	$ -
Notes receivable from participants	$ 774,168	$ 480,838
Total Receivables	$ 774,168	$ 480,838
Total Assets	$ 30,972,696	$ 22,742,658
Liabilities:		
Excess Contributions Payable	$ -	$ -
Total Liabilities	$ -	$ -
Net assets available for benefits	$ 30,972,696	$ 22,742,658

See accompanying notes to financial statements

Range Generation Next, LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2017	*Year Ended December 31, 2016*
Additions		
Investment Income		
Interest and dividends	$ 41,400	$ 35,907
Net appreciation (depreciation) in fair value of investments	$ 3,274,638	$ 1,403,786
Total investment income (loss)	$ 3,316,038	$ 1,439,693
Interest Income on Notes Receivable from participants	$ 28,895	$ 15,410
Contributions:		
Participant	$ 4,991,333	$ 4,252,866
Employer	$ 1,833,629	$ 1,479,841
Rollovers (Note F)	$ 1,092,884	$ 1,653,541
Total contributions	$ 7,917,846	$ 7,386,248
Total Additions	$ 11,262,779	$ 8,841,351
Deductions		
Benefits paid to participants	$ 3,006,158	$ 1,250,203
Administrative expenses	$ 26,583	$ 20,462
Total deductions	$ 3,032,741	$ 1,270,665
Net increase	$ 8,230,038	$ 7,570,686
Net Assets available for benefits		
Beginning of year	$ 22,742,658	$ 15,171,972
End of year	$ 30,972,696	$ 22,742,658

See accompanying notes to financial statements

Range Generation Next, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2017 and 2016

A. Description of Plan

The following description of the Range Generation Next, LLC ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The Plan is a defined contribution plan covering all employees of the Company who are age 21 or over. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Managers ("Board") is responsible for oversight of the Plan, and has delegated certain responsibilities to the Plan Administrator ("Administrator"). The Board determines the appropriateness of the Plan's investment offerings, and monitors investment performance. The Plan commenced on April 6, 2015.

2. *Contributions*. Each year, participants may elect to defer from their compensation a specific percentage or dollar amount and have that amount contributed to the Plan as a salary deferral, up to certain IRS limitations ($18,000 in 2017 and 2016). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to certain IRS limitations ($6,000 in 2017 and 2016). There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. For purposes of this description, "salary deferrals" generally means both Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. Regardless of the type of deferral a participant makes, the amount deferred is counted as compensation for purposes of Social Security taxes.

   Pre-Tax 401(k) deferrals. Pre-Tax 401(k) deferrals reduce taxable income by the deferral contributions. Later, when the Plan distributes the deferrals and earnings, participant will pay the taxes on those deferrals and the earnings.

   Roth 401(k) deferrals. Roth 401(k) deferrals are subject to federal income taxes in the year of deferral. However, the deferrals and, in most cases, the earnings on the deferrals are not subject to federal income taxes when distributed to the participant. In order for the earnings to be tax free, certain conditions must be met as described in the Plan summary.

   Company Match. The Company provides a matching contribution to participants based on their employment status. Represented employees are governed by the terms of their Collective Bargaining Agreement. Non-represented employees are provided a pre-determined company match.

3. *Participant accounts*. Each participant's account is credited with the participant's contributions and Company matching contributions, as well as Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. *Vesting.* Participants are 100% vested immediately in both their contributions and the Company's contributions plus actual earnings thereon.

5. *Notes receivable from participants.* Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The notes are secured by the balance in the participant's account. The note interest rate is equal to one percent above the prime rate. The interest rate will be fixed for the duration of the note. Generally, the term of notes may not exceed five years unless related to the purchase of your principal residence and are repaid through payroll deductions or check.

6. *Payment of benefits.* On termination of service from the Company due to death, disability, retirement, or other reasons, the participant may receive a distribution from their account in the Plan. If the value of the vested account balance does not exceed $5,000, then a distribution will be made to the participant regardless of whether they consent to receive it. If the vested account balance exceeds the $5,000 threshold then the participant must consent to a distribution. Participants may also elect to rollover distributions to a qualified IRA.

7. *Forfeited accounts*. At and during the periods ended December 31, 2017, and 2016 there were no forfeited accounts as participants are 100% vested in contributions at all times.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Fully benefit-responsive investment contracts (FBRICs) are reported at contract value, which is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in FBRICs through the Voya Fixed Account.

Pooled Separate Account investments are reported at fair value. Fair value is 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. The Plan's Investment Committee determines the Plan's valuation policies

utilizing information provided by the investment advisers, custodians and insurance company. See note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis at a rate between 4.25% and 5.25% for 2017 and 4.25% and 4.5% for 2016. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan may be paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2018, the date the financial statements were available to be issued.

C. Information Certified by the Custodian

The Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investments,

notes receivable, and interest income on notes receivable from participants held at December 31, 2017 and 2016, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended December 31, 2017 and December 31, 2016, disclosed in the accompanying financial statements and supplemental schedule were obtained or derived from the information supplied to the Administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company ("Voya").

Statement of Net Assets Available for Benefits:

	December 31, 2017	*December 31, 2016*
Pooled Separate Accounts	$ 26,530,944	$ 18,412,835
Investment Contracts	$ 3,667,584	$ 3,848,985
Notes receivable from participants	$ 774,168	$ 480,838
	$ 30,972,696	$ 22,742,658

Statement of Changes in Net Assets Available for Benefits:

	Year Ended December 31, 2017	*Year Ended December 31, 2016*
Investment income		
Interest and dividends	$ 41,400	$ 35,907
Net appreciation (depreciation) in fair value of investments	$ 3,274,638	$ 1,403,786
Total investment income (loss)	$ 3,316,038	$ 1,439,693
Interest income on notes receivable from participants	$ 28,895	$ 15,410

D. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level of the asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no transfers between levels during 2017 and 2016. Following is a description of the valuation methodology used.

Pooled Separate Accounts: The variable funds are pooled separate accounts that invest directly in designated mutual funds. The separate account owns and holds the underlying mutual funds which are valued daily at their net asset value (NAV). Plans and participants hold "units of participation" in the separate account. The accumulation unit value (AUV) is the value of each unit in the separate account and the separate account is valued daily as the number of accumulation units held multiplied by the AUV. Voya Retirement Insurance and Annuity Company (VRIAC)

determines the AUV daily based on the net asset value of shares in the underlying fund, the fund's dividends and the Contract's separate account charges.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017

	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts	$ 26,530,944	-	-	$ 26,530,944
Total assets at fair value	$ 26,530,944	-	-	$ 26,530,944

Assets at Fair Value as of December 31, 2016

	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts	$ 18,412,835	-	-	$ 18,412,835
Total assets at fair value	$ 18,412,835	-	-	$ 18,412,835

E. Fully Benefit-Responsive Investment Contracts

In 2015, the Plan entered into a fully benefit-responsive guaranteed investment contract with Voya Financial through a group funding contract issued by Voya Retirement Insurance and Annuity Company (VRIAC). The account is an obligation of VRIAC's general account. The value of the account is determined by the daily crediting of interest which is subject to minimum contractual guarantees. Investment transfers to and from the account and withdrawals to pay participant benefits are made at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of

net assets available for benefits at contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

The guaranteed investment contract does not permit the Contract Holder to terminate the agreement prior to the scheduled maturity date unless the Contract Holder is notified of any unilateral change.

F. Rollovers Contributions

On September 9, 2015, the Company approved an addendum to the Plan Service Agreement for the Plan to have Voya process rollover contributions into the Plan based solely on the employee's execution in good order of the prescribed rollover form. Accordingly, the self-certification section of the rollover form advises employees that they may be required to provide additional documentation to substantiate the rollover contribution and a corrective distribution may be made to the participant of any portion of such rollover that is later determined to be an ineligible rollover contribution in accordance with plan provisions and/or related Internal Revenue Service regulations. All participants in the Plan became 100 percent vested in that plan upon hire and were provided the option to have existing account balances from other plans rolled into the Plan.

G. Related-Party Transactions and Party In Interest Transactions

The Custodian of the Plan, Voya, is a party-in-interest with respect to the plan. The Voya Fixed Account is available through a group funding contract issued by Voya Retirement Insurance and Annuity Company. The Plan also pays fees to the Custodian. In addition, the Plan has a revenue sharing agreement with the Custodian whereby certain revenue received by the Custodian from sponsors of some of

the Plan investment options is used to pay Plan expenses. For the periods ended December 31, 2017 and 2016, the Plan did not earn revenue under the revenue sharing agreement.

Subject to the terms of the Plan document, the Plan makes certain loans to participants who are employees of the Company, and are therefore parties-in-interest with respect to the plan.

H. Plan Termination

Although it has not expressed any intent to do so, the Company has the right at any time to terminate the Plan by delivering to the Trustee and Administrator written notice of such termination subject to the provisions of ERISA. Upon any full or partial termination or upon the complete discontinuance of the Company's contributions to the plan, all amounts credited to the affected participants' combined accounts shall not thereafter be subject to forfeiture.

I. Tax Status

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan is in compliance with Section 401 of the Internal Revenue Code (IRC). The Plan's tax counsel believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress since Plan commencement.

J. 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.

K. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

	2017	*2016*
Net Assets Available for Benefits per the financial statements	30,972,696	22,742,658
Employer contributions receivable	-	-
Participant contributions receivable	-	-
Excess contributions payable	-	-
Net Assets Available for Benefits per the Form 5500	30,972,696	22,742,658

Range Generation Next, LLC 401(k) Plan
Schedule H Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled Separate Accounts			
American Funds	American Funds CapWld G&I R6	**	1,030,461
American Funds	American Funds New World R6	**	596,392
Invesco	Invesco International Growth	**	266,212
Ivy International	Ivy International Core Equity Fnd R6	**	382,789
Vanguard	Vanguard Mid-Cap Index Fund Adm	**	940,539
Vanguard	Vanguard Small-Cap Index Fund Adm	**	850,534
DFA	DFA Real Estate Securities Port Inst	**	590,047
DFA	DFA U.S. Targeted Value Port Inst	**	222,982
DFA	DFA Commodity Strategy Port Inst	**	194,235
ClrBrg	ClrBrg Sm Cp Growth Fnd IS	**	534,184
Victory Munder	Victory Munder Md-Cp Core Grw Fd R6	**	200,406
Amer Cent	Amer Cent Mid Cap Value Fund R6	**	1,113,910
ClrBrg	ClrBrg Aggr Grwth Fnd IS	**	1,091,072
Vanguard	Vanguard 500 Index Fund Adm	**	2,822,560
American Funds	American Funds Wash Mtual R6	**	567,229
JP Morgan	JPMorgan U.S. Equity Fund R6	**	1,148,828
American Funds	American Funds Am Balanced R6	**	1,418,281
Vanguard	Vanguard Trgt Retire 2015 Fnd Inv	**	187,299
Vanguard	Vanguard Trgt Retire 2025 Fnd Inv	**	2,733,237
Vanguard	Vanguard Trgt Retire 2035 Fnd Inv	**	1,107,685
Vanguard	Vanguard Trgt Retire 2045 Fnd Inv	**	564,041
Vanguard	Vanguard Trgt Retire Income Fnd Inv	**	100,973
Vanguard	Vanguard Trgt Retire 2010 Fnd Inv	**	-
Vanguard	Vanguard Trgt Retire 2020 Fnd Inv	**	2,080,160
Vanguard	Vanguard Trgt Retire 2030 Fnd Inv	**	2,442,800
Vanguard	Vanguard Trgt Retire 2040 Fnd Inv	**	304,209
Vanguard	Vanguard Trgt Retire 2050 Fnd Inv	**	219,634
Vanguard	Vanguard Trgt Retire 2055 Fnd Inv	**	117,854
Vanguard	Vanguard Trgt Retire 2060 Fnd Inv	**	272,652
Prudential	Prudential High Yield Fund Q	**	590,008
PIMCO	PIMCO Real Return Fund Inst	**	459,380
Pioneer	Pioneer Bond Fund K	**	1,203,604
Loomis Sayles	Loomis Sayles Bond Fund N	**	176,747
Total Pooled Separate Accounts			26,530,944
Investment contracts			
*Voya	Voya Fixed Account #ZH9886, 1% guaranteed rate	**	3,667,584
Total Investment contracts			3,667,584
*Participant Loans	Interest rate - 4.25%-5.25%	**	774,168
Total			30,972,696

* Represents a party-in-interest to the Plan as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

Schedule derived from data certified as complete and accurate by the Custodian.

Attachment to 2017 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
RGNEXT 401(k) PLAN
EIN#46-2685728
Plan#001
As Of December 31, 2017

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	AmCen Mid Cap Value Fund R6	Registered Investment Company		$1,113,910
	American Funds Am Balancd R6	Registered Investment Company		$1,418,281
	American Funds CapWld G&I R6	Registered Investment Company		$1,030,461
	American Funds New World R6	Registered Investment Company		$596,392
	American Funds Wash Mtual R6	Registered Investment Company		$567,229
	ClrBrg Aggr Grw Fd IS	Registered Investment Company		$1,091,072
	ClrBrg SmCp Grw Fd IS	Registered Investment Company		$534,184
	DFA Commodity Strategy Prt Ins	Registered Investment Company		$194,235
	DFA Real Estate Secs Port Ins	Registered Investment Company		$590,047
	DFA US Targeted Vl Port Ins	Registered Investment Company		$222,982
	Invesco Intl Grw Fnd R6	Registered Investment Company		$266,212
	Ivy Intl Core Equity Fnd N	Registered Investment Company		$382,789
	JPMorgan US Equity Fund R6	Registered Investment Company		$1,148,828
	Loomis Sayles Bond Fund N	Registered Investment Company		$176,748
	PIMCO Real Return Fund Ins	Registered Investment Company		$459,380
	Pioneer Bond Fund K	Registered Investment Company		$1,203,604
	Prudential High Yield Fund Q	Registered Investment Company		$590,008
	Vangrd 500 Index Fund Adm	Registered Investment Company		$2,822,560
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		$940,539
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		$850,534
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$187,299
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$2,080,160
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$2,733,237
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$2,442,800
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$1,107,685
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$304,209
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$564,041
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$219,634
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$117,854
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$272,652
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$100,973
	Vic Mun MdCp Core Growth Fd R6	Registered Investment Company		$200,406
*	Voya Fixed Account (4062)	Insurance Company General Account		$3,667,584
		Participant Loans: Rates - 4.50% to 5.25%		$774,168
	TOTAL			$30,972,696

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

Range Generation Next, LLC 401(k) Plan

Financial Statements and Supplemental Schedule

December 31, 2017 and 2016

Range Generation Next, LLC 401(k) Plan
Index

	Page(s)
Report of Independent Auditors	3-4
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2017 and 2016	5
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2017 and December 31, 2016	6
Notes to Financial Statements	7-15
Supplemental Schedule*	
Supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2017	16

**Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 that have not been included herein are not applicable.*



Report of Independent Auditors

To the Administrator of Range Generation Next, LLC 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Range Generation Next, LLC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years ended December 31, 2017 and 2016, 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.

Auditors' 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 C, which was certified by Voya Retirement Insurance and Annuity Company, the custodian 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 custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2017 and 2016 and for the years then ended, that the information provided to the plan administrator by the custodian 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.

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
T: (617) 530 5000, F:(617) 530 5001, www.pwc.com/us

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017 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 custodian, 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

October 3, 2018

Range Generation Next, LLC 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31, 2017	*December 31, 2016*
Assets:		
Investments at Fair Value (Note D)	$ 26,530,944	$ 18,412,835
Fully benefit-responsive investment contracts at contract value	$ 3,667,584	$ 3,848,985
Total Investments	$ 30,198,528	$ 22,261,820
Receivables		
Employer Contributions	$ -	$ -
Participant Contributions	$ -	$ -
Notes receivable from participants	$ 774,168	$ 480,838
Total Receivables	$ 774,168	$ 480,838
Total Assets	$ 30,972,696	$ 22,742,658
Liabilities:		
Excess Contributions Payable	$ -	$ -
Total Liabilities	$ -	$ -
Net assets available for benefits	$ 30,972,696	$ 22,742,658

See accompanying notes to financial statements

Range Generation Next, LLC 401(k) Plan
Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2017	*Year Ended December 31, 2016*
Additions		
Investment Income		
Interest and dividends	$ 41,400	$ 35,907
Net appreciation (depreciation) in fair value of investments	$ 3,274,638	$ 1,403,786
Total investment income (loss)	$ 3,316,038	$ 1,439,693
Interest Income on Notes Receivable from participants	$ 28,895	$ 15,410
Contributions:		
Participant	$ 4,991,333	$ 4,252,866
Employer	$ 1,833,629	$ 1,479,841
Rollovers (Note F)	$ 1,092,884	$ 1,653,541
Total contributions	$ 7,917,846	$ 7,386,248
Total Additions	$ 11,262,779	$ 8,841,351
Deductions		
Benefits paid to participants	$ 3,006,158	$ 1,250,203
Administrative expenses	$ 26,583	$ 20,462
Total deductions	$ 3,032,741	$ 1,270,665
Net increase	$ 8,230,038	$ 7,570,686
Net Assets available for benefits		
Beginning of year	$ 22,742,658	$ 15,171,972
End of year	$ 30,972,696	$ 22,742,658

See accompanying notes to financial statements

Range Generation Next, LLC 401(k) Plan
Notes to Financial Statements
December 31, 2017 and 2016

A. Description of Plan

The following description of the Range Generation Next, LLC ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General.* The Plan is a defined contribution plan covering all employees of the Company who are age 21 or over. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Managers ("Board") is responsible for oversight of the Plan, and has delegated certain responsibilities to the Plan Administrator ("Administrator"). The Board determines the appropriateness of the Plan's investment offerings, and monitors investment performance. The Plan commenced on April 6, 2015.

2. *Contributions*. Each year, participants may elect to defer from their compensation a specific percentage or dollar amount and have that amount contributed to the Plan as a salary deferral, up to certain IRS limitations ($18,000 in 2017 and 2016). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to certain IRS limitations ($6,000 in 2017 and 2016). There are two types of salary deferrals: Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. For purposes of this description, "salary deferrals" generally means both Pre-Tax 401(k) deferrals and Roth 401(k) deferrals. Regardless of the type of deferral a participant makes, the amount deferred is counted as compensation for purposes of Social Security taxes.

   Pre-Tax 401(k) deferrals. Pre-Tax 401(k) deferrals reduce taxable income by the deferral contributions. Later, when the Plan distributes the deferrals and earnings, participant will pay the taxes on those deferrals and the earnings.

   Roth 401(k) deferrals. Roth 401(k) deferrals are subject to federal income taxes in the year of deferral. However, the deferrals and, in most cases, the earnings on the deferrals are not subject to federal income taxes when distributed to the participant. In order for the earnings to be tax free, certain conditions must be met as described in the Plan summary.

   Company Match. The Company provides a matching contribution to participants based on their employment status. Represented employees are governed by the terms of their Collective Bargaining Agreement. Non-represented employees are provided a pre-determined company match.

3. *Participant accounts*. Each participant's account is credited with the participant's contributions and Company matching contributions, as well as Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. *Vesting.* Participants are 100% vested immediately in both their contributions and the Company's contributions plus actual earnings thereon.

5. *Notes receivable from participants.* Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. The notes are secured by the balance in the participant's account. The note interest rate is equal to one percent above the prime rate. The interest rate will be fixed for the duration of the note. Generally, the term of notes may not exceed five years unless related to the purchase of your principal residence and are repaid through payroll deductions or check.

6. *Payment of benefits.* On termination of service from the Company due to death, disability, retirement, or other reasons, the participant may receive a distribution from their account in the Plan. If the value of the vested account balance does not exceed $5,000, then a distribution will be made to the participant regardless of whether they consent to receive it. If the vested account balance exceeds the $5,000 threshold then the participant must consent to a distribution. Participants may also elect to rollover distributions to a qualified IRA.

7. *Forfeited accounts*. At and during the periods ended December 31, 2017, and 2016 there were no forfeited accounts as participants are 100% vested in contributions at all times.

B. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Fully benefit-responsive investment contracts (FBRICs) are reported at contract value, which is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in FBRICs through the Voya Fixed Account.

Pooled Separate Account investments are reported at fair value. Fair value is 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. The Plan's Investment Committee determines the Plan's valuation policies

utilizing information provided by the investment advisers, custodians and insurance company. See note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis at a rate between 4.25% and 5.25% for 2017 and 4.25% and 4.5% for 2016. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan may be paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2018, the date the financial statements were available to be issued.

C. Information Certified by the Custodian

The Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investments,

notes receivable, and interest income on notes receivable from participants held at December 31, 2017 and 2016, and net appreciation (depreciation) in fair value of investments, interest and dividends for the years ended December 31, 2017 and December 31, 2016, disclosed in the accompanying financial statements and supplemental schedule were obtained or derived from the information supplied to the Administrator and certified as complete and accurate by Voya Retirement Insurance and Annuity Company ("Voya").

Statement of Net Assets Available for Benefits:

	December 31, 2017	*December 31, 2016*
Pooled Separate Accounts	$ 26,530,944	$ 18,412,835
Investment Contracts	$ 3,667,584	$ 3,848,985
Notes receivable from participants	$ 774,168	$ 480,838
	$ 30,972,696	$ 22,742,658

Statement of Changes in Net Assets Available for Benefits:

	Year Ended December 31, 2017	*Year Ended December 31, 2016*
Investment income		
Interest and dividends	$ 41,400	$ 35,907
Net appreciation (depreciation) in fair value of investments	$ 3,274,638	$ 1,403,786
Total investment income (loss)	$ 3,316,038	$ 1,439,693
Interest income on notes receivable from participants	$ 28,895	$ 15,410

D. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level of the asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no transfers between levels during 2017 and 2016. Following is a description of the valuation methodology used.

Pooled Separate Accounts: The variable funds are pooled separate accounts that invest directly in designated mutual funds. The separate account owns and holds the underlying mutual funds which are valued daily at their net asset value (NAV). Plans and participants hold "units of participation" in the separate account. The accumulation unit value (AUV) is the value of each unit in the separate account and the separate account is valued daily as the number of accumulation units held multiplied by the AUV. Voya Retirement Insurance and Annuity Company (VRIAC)

determines the AUV daily based on the net asset value of shares in the underlying fund, the fund's dividends and the Contract's separate account charges.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

Assets at Fair Value as of December 31, 2017

	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts	$ 26,530,944	-	-	$ 26,530,944
Total assets at fair value	$ 26,530,944	-	-	$ 26,530,944

Assets at Fair Value as of December 31, 2016

	Level 1	*Level 2*	*Level 3*	*Total*
Pooled Separate Accounts	$ 18,412,835	-	-	$ 18,412,835
Total assets at fair value	$ 18,412,835	-	-	$ 18,412,835

E. Fully Benefit-Responsive Investment Contracts

In 2015, the Plan entered into a fully benefit-responsive guaranteed investment contract with Voya Financial through a group funding contract issued by Voya Retirement Insurance and Annuity Company (VRIAC). The account is an obligation of VRIAC's general account. The value of the account is determined by the daily crediting of interest which is subject to minimum contractual guarantees. Investment transfers to and from the account and withdrawals to pay participant benefits are made at contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of

net assets available for benefits at contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1 percent. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Administrator believes that any events that would limit the Plan's ability to transact at contract value with participants are not probable of occurring.

The guaranteed investment contract does not permit the Contract Holder to terminate the agreement prior to the scheduled maturity date unless the Contract Holder is notified of any unilateral change.

F. Rollovers Contributions

On September 9, 2015, the Company approved an addendum to the Plan Service Agreement for the Plan to have Voya process rollover contributions into the Plan based solely on the employee's execution in good order of the prescribed rollover form. Accordingly, the self-certification section of the rollover form advises employees that they may be required to provide additional documentation to substantiate the rollover contribution and a corrective distribution may be made to the participant of any portion of such rollover that is later determined to be an ineligible rollover contribution in accordance with plan provisions and/or related Internal Revenue Service regulations. All participants in the Plan became 100 percent vested in that plan upon hire and were provided the option to have existing account balances from other plans rolled into the Plan.

G. Related-Party Transactions and Party In Interest Transactions

The Custodian of the Plan, Voya, is a party-in-interest with respect to the plan. The Voya Fixed Account is available through a group funding contract issued by Voya Retirement Insurance and Annuity Company. The Plan also pays fees to the Custodian. In addition, the Plan has a revenue sharing agreement with the Custodian whereby certain revenue received by the Custodian from sponsors of some of

the Plan investment options is used to pay Plan expenses. For the periods ended December 31, 2017 and 2016, the Plan did not earn revenue under the revenue sharing agreement.

Subject to the terms of the Plan document, the Plan makes certain loans to participants who are employees of the Company, and are therefore parties-in-interest with respect to the plan.

H. Plan Termination

Although it has not expressed any intent to do so, the Company has the right at any time to terminate the Plan by delivering to the Trustee and Administrator written notice of such termination subject to the provisions of ERISA. Upon any full or partial termination or upon the complete discontinuance of the Company's contributions to the plan, all amounts credited to the affected participants' combined accounts shall not thereafter be subject to forfeiture.

I. Tax Status

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan is in compliance with Section 401 of the Internal Revenue Code (IRC). The Plan's tax counsel believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress since Plan commencement.

J. 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.

K. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2017 and 2016, to Form 5500:

	2017	*2016*
Net Assets Available for Benefits per the financial statements	30,972,696	22,742,658
Employer contributions receivable	-	-
Participant contributions receivable	-	-
Excess contributions payable	-	-
Net Assets Available for Benefits per the Form 5500	30,972,696	22,742,658

Range Generation Next, LLC 401(k) Plan
Schedule H Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2017

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled Separate Accounts			
American Funds	American Funds CapWld G&I R6	**	1,030,461
American Funds	American Funds New World R6	**	596,392
Invesco	Invesco International Growth	**	266,212
Ivy International	Ivy International Core Equity Fnd R6	**	382,789
Vanguard	Vanguard Mid-Cap Index Fund Adm	**	940,539
Vanguard	Vanguard Small-Cap Index Fund Adm	**	850,534
DFA	DFA Real Estate Securities Port Inst	**	590,047
DFA	DFA U.S. Targeted Value Port Inst	**	222,982
DFA	DFA Commodity Strategy Port Inst	**	194,235
ClrBrg	ClrBrg Sm Cp Growth Fnd IS	**	534,184
Victory Munder	Victory Munder Md-Cp Core Grw Fd R6	**	200,406
Amer Cent	Amer Cent Mid Cap Value Fund R6	**	1,113,910
ClrBrg	ClrBrg Aggr Grwth Fnd IS	**	1,091,072
Vanguard	Vanguard 500 Index Fund Adm	**	2,822,560
American Funds	American Funds Wash Mtual R6	**	567,229
JP Morgan	JPMorgan U.S. Equity Fund R6	**	1,148,828
American Funds	American Funds Am Balanced R6	**	1,418,281
Vanguard	Vanguard Trgt Retire 2015 Fnd Inv	**	187,299
Vanguard	Vanguard Trgt Retire 2025 Fnd Inv	**	2,733,237
Vanguard	Vanguard Trgt Retire 2035 Fnd Inv	**	1,107,685
Vanguard	Vanguard Trgt Retire 2045 Fnd Inv	**	564,041
Vanguard	Vanguard Trgt Retire Income Fnd Inv	**	100,973
Vanguard	Vanguard Trgt Retire 2010 Fnd Inv	**	-
Vanguard	Vanguard Trgt Retire 2020 Fnd Inv	**	2,080,160
Vanguard	Vanguard Trgt Retire 2030 Fnd Inv	**	2,442,800
Vanguard	Vanguard Trgt Retire 2040 Fnd Inv	**	304,209
Vanguard	Vanguard Trgt Retire 2050 Fnd Inv	**	219,634
Vanguard	Vanguard Trgt Retire 2055 Fnd Inv	**	117,854
Vanguard	Vanguard Trgt Retire 2060 Fnd Inv	**	272,652
Prudential	Prudential High Yield Fund Q	**	590,008
PIMCO	PIMCO Real Return Fund Inst	**	459,380
Pioneer	Pioneer Bond Fund K	**	1,203,604
Loomis Sayles	Loomis Sayles Bond Fund N	**	176,747
Total Pooled Separate Accounts			26,530,944
Investment contracts			
*Voya	Voya Fixed Account #ZH9886, 1% guaranteed rate	**	3,667,584
Total Investment contracts			3,667,584
*Participant Loans	Interest rate - 4.25%-5.25%	**	774,168
Total			30,972,696

* Represents a party-in-interest to the Plan as defined by ERISA.
** The cost of participant-directed investments is not required to be disclosed.

Schedule derived from data certified as complete and accurate by the Custodian.