

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES LLC</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>10/15/1997</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>10/15/1997</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>10/15/1997</u>						
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RIVERSTONE RESOURCES LLC</u> <u>250 COMMERCIAL STREET, SUITE 5000</u> <u>MANCHESTER, NH 03101</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>02-0511580</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>603-656-2200</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>524150</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>02-0511580</u>	2c	Plan Sponsor's telephone number <u>603-656-2200</u>	2d	Business code (see instructions) <u>524150</u>
2b	Employer Identification Number (EIN) <u>02-0511580</u>						
2c	Plan Sponsor's telephone number <u>603-656-2200</u>						
2d	Business code (see instructions) <u>524150</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2020	KRISTIN CAMPBELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 RIVERSTONE RESOURCES LLC c Plan Name THE INDIVIDUAL RETIREMENT PLAN FOR RIVERSTONE RESOURCES LLC	4b EIN 02-0511580 4d PN 001
5 Total number of participants at the beginning of the plan year	5 659
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 334 6a(2) 337 6b 26 6c 282 6d 645 6e 5 6f 650 6g 646 6h 13
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 2R 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE RESOURCES LLC	D Employer Identification Number (EIN) 02-0511580	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 63 71 72	RECORDKEEPER	2365	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES LLC	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSTONE RESOURCES LLC	D Employer Identification Number (EIN) 02-0511580	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	938777	1086502
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	9161232	9022207
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	790661	814900
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	71432368	85625443
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	524733	688726

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	82847771	97237778

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	82847771	97237778
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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)	2397308	
(B) Participants	2a(1)(B)	3189711	
(C) Others (including rollovers)	2a(1)(C)	1398760	
(2) Noncash contributions	2a(2)	0	6985779
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185370	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	46276	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		231646
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	5961815
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5961815	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5961815
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10927772
c Other income	2c		10455
d Total income. Add all income amounts in column (b) and enter total	2d		24117467

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9594598	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9594598
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		54355
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	78507	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		78507
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9727460

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14390007
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008234

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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	<u>0</u>
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): <u>94-1687665</u>		
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
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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

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**The Individual Retirement Plan of
RiverStone Resources LLC**

**Financial Statements and Supplemental Schedule
December 31, 2019 and 2018**

**The Individual Retirement Plan of
RiverStone Resources LLC
Index
December 31, 2019 and 2018**

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



Report of Independent Auditors

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Individual Retirement Plan of RiverStone Resources LLC (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 4, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis



and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

Princeton Trust Company LLP

September 18, 2020

**The Individual Retirement Plan of
RiverStone Resources LLC
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
Assets:		
Investments, at fair value	\$ 94,647,334	\$ 80,593,397
Self-directed accounts	<u>688,726</u>	<u>524,733</u>
Total investments, at fair value	95,336,060	81,118,130
Receivables:		
Employer contributions	1,086,502	938,777
Notes receivable from participants	814,900	790,661
Accrued interest	<u>316</u>	<u>203</u>
Total receivables	1,901,718	1,729,641
	<u>\$ 97,237,778</u>	<u>\$ 82,847,771</u>
Net assets available for benefits		

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

**The Individual Retirement Plan of
RiverStone Resources LLC
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019**

	2019
Additions to net assets attributed to:	
Investment income	
Interest and dividends	\$ 6,147,185
Interest income on notes receivable from participants	46,276
Net appreciation in fair value of registered investment company investments	10,927,772
Other income	10,455
Total investment income	<u>17,131,688</u>
Contributions	
Contributions - employee	3,189,711
Contributions - employer	2,397,308
Contributions - rollovers	1,398,760
Total contributions	<u>6,985,779</u>
Total additions of net assets	<u>24,117,467</u>
Additions to net assets attributed to:	
Benefits paid to participants	(9,648,953)
Administrative and other expenses	(78,507)
Total deductions	<u>(9,727,460)</u>
Net increase in net assets available for benefits	<u>14,390,007</u>
Net assets available for benefits	
Beginning of year	82,847,771
End of year	<u>\$ 97,237,778</u>

The accompanying notes are an integral part of these financial statement

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

1. Description of Plan

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

General

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

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

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

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

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

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

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

On October 3, 2013, General Fidelity Insurance Company, an affiliate of TRG Holding, purchased all the outstanding shares of American Safety Insurance Holdings LTD, including its two property and casualty insurance subsidiaries. The American Safety Insurance Holding LTD 401(k) Profit Sharing Plan (the “ASI Plan”) merged into the Plan effective November 1, 2014. Prior to the merger, there was a transfer of benefits for certain American Safety Insurance employees who had transitioned to RiverStone Resources with an effective date of January 1, 2014. Effective November 1, 2014, participants of the ASI Plan became eligible to participate in the Plan.

Effective July 1, 2018, the Plan was amended to add a Roth deferral feature for participants to defer wages post-tax.

Effective July 1 2018, the Plan amended its definition of “Disability” to confirm the procedure for determinations thereof according to the Disability Benefit Determination Final Rule and to conform to the requirement of the Department of Labor Regulation §2560.503-1.

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

The Plan is administered by an Administration and Finance Committee (the “Committee”) appointed by RiverStone Resources.

Contributions

Participants may elect to contribute, on a pre-tax basis, between 1% through 50% of their eligible base salary for the contribution period subject to the maximum allowable level of pre-tax contributions under the Code. Participants may also elect to contribute, on a roth deferral basis, between 1% through 50% of their eligible base salary for the contribution period, except that this whole percentage, when combined with the Participant’s Pre-tax Deferral Contributions, shall not exceed Fifty Percent (50%) of the Participant’s Compensation. Pre-tax contributions were limited to \$19,000 in 2019 in accordance with Code limitations. Employer regular matching contributions shall be made in an amount equal to 66-2/3% of salary deferral contributions for each pay period up to a total of 6% of compensation for the pay period. The maximum employer regular matching contribution is 4% of compensation for a pay period. In addition, on an annual basis, RiverStone Resources contributes an additional 3% of base salary for all eligible employees whether or not such employees are participants in the Plan. The 3% additional employer contribution of \$1,086,502 and \$938,777 at December 31, 2019, and 2018, respectively, was accrued at December 31, 2019 and 2018.

It is RiverStone Resource’s policy to fund the Plan for additional profit sharing contributions as practical but typically by the end of the first month following the Plan year-end. In addition, RiverStone Resources may make additional performance-related basic and performance-related matching contributions to the Plan. There were no performance-related contributions for the year ended December 31, 2019 and 2018.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

In accordance with rules and procedures established by the Committee and without regard to any limitations on contributions set forth in Article 3, the Plan may receive or refuse to receive from a participant, or an employee who has not yet met the eligibility requirements to become a Participant, in cash, any amount of \$100 or more previously received (or deemed to be received) by him or her from (i) another qualified plan described in Sections 401(a) or 403(b) of the Code, excluding after-tax employee contributions, (ii) an annuity contract described in Section 403(b) of the Code, excluding after-tax employee contributions, (iii) an eligible plan under Section 457(b) of the Code which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state, or (iv) from an individual retirement account or annuity described in

Section 408(a) of the Code that is eligible to be rolled over and would otherwise be included in gross income. The Plan may receive such amount either directly from the participant or employee or from the other plan in the form of a direct rollover. Notwithstanding the foregoing, the Plan shall not accept any amount unless such amount is eligible to be rolled over in accordance with applicable law and the participant or employee provides satisfactory evidence under rules and procedures as established by the Committee that such amount qualifies for rollover treatment. Unless received by the Plan in the form of a direct rollover from another plan, the rollover contribution must be paid to the Trustee on or before the 60th day after the day it was received by the participant or employee.

Participant's Accounts

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

Vesting

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

Forfeitures

When participants terminate employment or service before fully vesting, the unvested portion of their account is forfeited. The forfeited amounts may be used to reduce employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2019, and 2018, were \$57,000 and \$80,000 respectively.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

Investment Options

Upon enrollment in the Plan, a participant may direct contributions among any of the authorized investment options, which from time to time may include money market, fixed income, equity, and insurance contract funds. Participants who do not make an investment election will be auto enrolled into the Qualified Default Investment Alternative (“QDIA”), an age appropriate target date fund. There were no changes made to the Plan during 2019.

Payment of Benefits

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

Notes Receivable from Participants

Participants may borrow, pursuant to Code rules governing the Plan, up to the lesser of \$50,000 or 50% of the vested portion of their account balance. The term of any loan may not exceed a period of five years unless such proceeds are used by the participant to acquire a principal residence, in which case the repayment period shall not exceed 10 years. Interest on the loan will be charged based on a rate determined at the time of the loan application and shall be a reasonable rate as determined within the rules and procedures established by the Committee of the Plan. Principal loans outstanding at December 31, 2019, and 2018, were \$814,900 and \$790,661, respectively, with loan rates between 4.25% to 6.25%. The minimum loan amount per the Plan is \$750. If a loan is not repaid or any other event of default occurs, the unpaid balance of such loan will become immediately due and payable and such amount will be deemed a taxable distribution to the extent provided by the Code.

2. Summary of Accounting Policies

Method of Accounting

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

Investments

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

Contributions

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

**The Individual Retirement Plan of
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Benefits

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

Administrative Expenses

Administrative, trustee and other loan expenses of \$78,507 for the year ended December 31, 2019, were deducted from Plan assets.

Notes Receivable from Participants

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

Use of Estimates

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

Risks and Uncertainties

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

In August of 2018, the FASB issued ASU 2018-13, "Fair Value Measurement (Topic 820): Disclosure Framework—Changes to the Disclosure Requirements for Fair Value Measurement." For nonpublic companies, the FASB chose to remove the existing disclosure of the changes in unrealized gains and losses included in income for level three investments. The existing disclosure requirement was amended for nonpublic companies and they are required to disclose: purchases and issuances (each disclosed separately), transfers into or out of Level 3 and the reasons for those transfers. Transfers between level one and level two investments, as well as the policy for the timing of such transfers, is no longer required. The effective date for the additional disclosures for all public and nonpublic companies is for fiscal years, and interim periods within those years, beginning after December 15, 2019. The Plan has not yet adopted the accounting guidance, however the impact is expected to be immaterial.

3. Fair Value Measurement

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

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels, from highest to lowest, are defined as follows:

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

The fair value measurements at December 31, 2019, and 2018, and their related inputs are as follows:

	Total	Level 1	Level 2	Level 3
As of December 31, 2019:				
Self-directed accounts	\$ 688,726	\$ 688,726	\$ -	\$ -
Bond funds	8,105,312	8,105,312	-	-
Domestic stock funds	48,607,972	48,607,972	-	-
International stock funds	5,910,179	5,910,179	-	-
Lifestyle funds	23,001,981	23,001,981	-	-
Money market funds	9,021,891	9,021,891	-	-
Total	<u>\$ 95,336,060</u>	<u>\$ 95,336,060</u>	<u>\$ -</u>	<u>\$ -</u>
As of December 31, 2018:				
Self-directed accounts	\$ 524,733	\$ 524,733	\$ -	\$ -
Bond funds	6,986,078	6,986,078	-	-
Domestic stock funds	42,257,185	42,257,185	-	-
International stock funds	5,476,359	5,476,359	-	-
Lifestyle funds	16,712,747	16,712,747	-	-
Money market funds	9,161,028	9,161,028	-	-
Total	<u>\$ 81,118,130</u>	<u>\$ 81,118,130</u>	<u>\$ -</u>	<u>\$ -</u>

There were no transfers between Level 1 and Level 2 for the years ended December 31, 2019, and 2018. There were no securities measured at fair market value based upon unobservable inputs and accordingly, none were classified within Level 3 at December 31, 2019, or 2018.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

4. Certified Financial Information

The following is a summary of the Plan's financial information and data as of December 31, 2019, and 2018, and for the year ended December 31, 2019. This information has been certified as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations under ERISA by Bank of America N.A, as of December 31, 2019, and 2018, and for the year ended December 31, 2019. In addition, the supplemental schedule was certified.

	December 31, 2019	
	Units / Shares	Fair Value
Investments:		
DWS Equity 500 Index Fund-Inst	59,390	\$ 11,771,158
Dodge & Cox Stock Fund	60,518	11,725,944
Blackrock FedFund Instl CL	9,021,890	9,021,890
PIMCO Total Return Port. Instl	783,879	8,105,312
American Fundamental	92,232	5,722,082
Invesco Small Cap Growth Fund R5	127,157	5,214,706
T. Rowe Price 2030 Retirement	157,013	4,066,640
T. Rowe Price 2025 Retirement	194,677	3,461,360
T. Rowe Price 2010 Retirement	190,598	3,436,481
AMG Managers Cadence Mid Cap Fund	111,351	3,284,852
T. Rowe Price 2035 Retirement	160,525	3,054,792
American Growth Fund R6	57,493	2,939,620
American Europacific Growth Fund R6	51,144	2,841,025
T. Rowe Price 2020 Retirement	112,693	2,489,378
Janus Henderson Growth & Income Fund	39,278	2,404,622
Vanguard Growth and Income Fund	27,842	2,361,873
Templeton Foreign Fund (Adv)	255,888	1,829,601
T. Rowe Price 2040 Retirement	67,462	1,825,515
T. Rowe Price 2050 Retirement	101,004	1,579,705
T. Rowe Price 2045 Retirement	80,397	1,488,951
Dodge & Cox International Short Term	28,430	1,239,552
JPMorgan Market Exp Enh Ind Selc	114,087	1,164,827
Allianzgi NFJ Mid-CP VL-Inst	33,390	1,102,541
Janus Henderson Small Cap Value Fund	39,850	915,747
T. Rowe Price Retirement Balance Inv	53,069	822,573
T. Rowe Price 2015 Retirement	19,938	289,094
T. Rowe Price 2055 Retirement	17,350	275,864
T. Rowe Price 2060 Retirement	16,664	211,629
Subtotal investments		94,647,334
Participants loans receivable*		814,900
Self-directed account		688,726
Total investments		<u>\$ 96,150,960</u>

* Represents party-in-interest

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

	December 31, 2018	
	Units / Shares	Fair Value
Investments:		
Dodge & Cox Stock Fund	58,420	\$ 10,095,617
DWS Equity 500 Index FD-Inst	57,877	10,008,060
Blackrock FedFund Instl CL	9,161,028	9,161,028
PIMCO Total Return Port. Instl	703,533	6,986,078
American Fundamental	94,093	4,921,088
Invesco Small Cap Growth CL RS	123,793	4,388,462
T. Rowe Price Retirement 2010	211,730	3,436,376
AMG Managers Cadence Mid Cap Z	125,344	3,053,383
T. Rowe Price Retirement 2030	125,454	2,797,627
American Growth Fund R6	60,645	2,592,571
American Europacific Growth R6	56,529	2,543,237
Growth and Income Fund	34,237	2,334,589
T. Rowe Price Retirement 2025	145,924	2,251,605
Templeton Foreign Fund (Adv)	325,133	2,132,875
T. Rowe Price Retirement 2035	130,069	2,114,918
T. Rowe Price Retirement 2020	98,349	1,920,756
Janus Growth & Income Fund CL	38,120	1,910,592
T. Rowe Price Retirement 2040	57,160	1,316,393
JP Morgan Market Expansion CL	144,134	1,255,411
Allianzgi NFJ Mid-CP VL-Instl	37,524	1,039,042
T. Rowe Price Retirement 2050	76,684	1,012,223
Dodge & Cox International ST	21,681	800,246
T. Rowe Price Retirement Balance Inv	53,925	750,089
T. Rowe Price Retirement 2045	45,078	705,463
Janus Henderson Small Cap Val N	35,762	658,371
T. Rowe Price Retirement 2015	17,792	231,295
T. Rowe Price Retirement 2060	8,342	88,178
T. Rowe Price Retirement 2055	6,569	87,824
Subtotal investments		80,593,397
Participants loans receivable*		790,661
Self-directed account		524,733
Total Investments		\$ 81,908,791

* Represents party-in-interest

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2019 and 2018**

The following is a summary of the Plan's net investment income for the year ended December 31, 2019:

Interest and Dividends:	
Investments	\$ 6,147,185
Notes receivable from participants	46,276
	<u>\$ 6,193,461</u>
 Net appreciation in fair value of investments	 \$ 10,927,772
	<u>\$ 10,850,401</u>

5. Plan Termination

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

6. Income Taxes

The Plan has received a favorable determination letter from the Internal Revenue Service dated March 14, 2016, indicating that it is qualified under Section 401(a) of the Code and therefore the related Trust is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe the Plan is designed and being operated in compliance with the applicable requirements of the Code.

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

The Plan is no longer subject to examination by federal or state tax authorities for years before 2014.

7. Related Party Transactions

Bank of America N.A, the trustee of the Plan, manages the investments held by the Plan. Loan transactions to participants are deemed to be party-in-interest. Expenses of \$78,507 related to recordkeeping services provided by the trustee also qualify as party-in-interest transactions.

8. Subsequent Events

The Plan sponsor has evaluated events subsequent to December 31, 2019, and through the financial statements issuance date of September 18, 2020. The Plan sponsor has not evaluated subsequent events after the issuance date for presentation in these financial statements.

**The Individual Retirement Plan of
RiverStone Resources LLC
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2019**

Description of investment including maturity date, rate or interest collateral, and par or maturity value	Cost (1)	Units / Shares	Fair Value
Investments:			
DWS Equity 500 Index Fund-Inst		59,390	\$ 11,771,158
Dodge & Cox Stock Fund		60,518	11,725,944
Blackrock FedFund Instl CL		9,021,890	9,021,890
PIMCO Total Return Port. Instl		783,879	8,105,312
American Fundamental		92,232	5,722,082
Invesco Small Cap Growth Fund R5		127,157	5,214,706
T. Rowe Price 2030 Retirement		157,013	4,066,640
T. Rowe Price 2025 Retirement		194,677	3,461,360
T. Rowe Price 2010 Retirement		190,598	3,436,481
AMG Managers Cadence Mid Cap Fund		111,351	3,284,852
T. Rowe Price 2035 Retirement		160,525	3,054,792
American Growth Fund R6		57,493	2,939,620
American Europacific Growth Fund R6		51,144	2,841,025
T. Rowe Price 2020 Retirement		112,693	2,489,378
Janus Henderson Growth & Income Fund		39,278	2,404,622
Vanguard Growth and Income Fund		27,842	2,361,873
Templeton Foreign Fund (Adv)		255,888	1,829,601
T. Rowe Price 2040 Retirement		67,462	1,825,515
T. Rowe Price 2050 Retirement		101,004	1,579,705
T. Rowe Price 2045 Retirement		80,397	1,488,951
Dodge & Cox International Short Term		28,430	1,239,552
JPMorgan Market Exp Enh Ind Selc		114,087	1,164,827
Allianzgi NFJ Mid-CP VL-Inst		33,390	1,102,541
Janus Henderson Small Cap Value Fund		39,850	915,747
T. Rowe Price Retirement Balance Inv		53,069	822,573
T. Rowe Price 2015 Retirement		19,938	289,094
T. Rowe Price 2055 Retirement		17,350	275,864
T. Rowe Price 2060 Retirement		16,664	211,629
Subtotal investments			94,647,334
Participants loans receivable*			814,900
Self-directed account			688,726
Total investments			\$ 96,150,960

* Represents party-in-interest

*A party in interest as defined by ERISA, 4.25% - 6.25% maturing through August 2, 2029

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

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

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan for RiverStone Resources LLC
Plan Sponsor's Name: RiverStone Resources LLC

EIN:02-0511580
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	316	316
	LOAN FUND	LOANS	814,900	814,900
	BLACKROCK FEDFUND INSTL CL	MONEY MARKET	9,021,890	9,021,890
	ALLIANZGI NFJ MID-CP VL INSTL	MUTUAL FUNDS	1,078,910	1,102,541
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	2,564,053	2,841,025
	AMERICAN FUNDAMENTAL	MUTUAL FUNDS	4,874,559	5,722,082
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	2,629,092	2,939,620
	AMG MANAGERS CADENCE MID CAP Z	MUTUAL FUNDS	2,762,958	3,284,852
	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS	1,128,032	1,239,552
	DODGE & COX STOCK FUND	MUTUAL FUNDS	8,997,048	11,725,944
	DWS EQUITY 500 INDEX FD INSTL	MUTUAL FUNDS	10,989,619	11,771,158
	INVESCO SMALL CAP GRTH CL R5	MUTUAL FUNDS	5,463,981	5,214,706
	JANUS HENDERSON SML CAP VAL N	MUTUAL FUNDS	869,675	915,747
	JANUS HNDRSN GRTH AND INCM I	MUTUAL FUNDS	1,892,359	2,404,622
	JP MORGAN MRKT EXPANSION CL I	MUTUAL FUNDS	1,285,357	1,164,827
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	8,214,045	8,105,312
	T ROWE PRICE RETIREMENT 2010	MUTUAL FUNDS	3,079,198	3,436,481
	T ROWE PRICE RETIREMENT 2015	MUTUAL FUNDS	281,317	289,094
	T ROWE PRICE RETIREMENT 2025	MUTUAL FUNDS	3,167,738	3,461,360

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan for RiverStone Resources LLC
Plan Sponsor's Name: RiverStone Resources LLC

EIN:02-0511580
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	T ROWE PRICE RETIREMENT 2030	MUTUAL FUNDS	3,757,109	4,066,639
	T ROWE PRICE RETIREMENT 2035	MUTUAL FUNDS	2,859,249	3,054,792
	T ROWE PRICE RETIREMENT 2040	MUTUAL FUNDS	1,652,492	1,825,515
	T ROWE PRICE RETIREMENT 2045	MUTUAL FUNDS	1,391,222	1,488,951
	T ROWE PRICE RETIREMENT 2050	MUTUAL FUNDS	1,440,830	1,579,705
	T ROWE PRICE RETIREMENT 2055	MUTUAL FUNDS	263,139	275,864
	T ROWE PRICE RTRMT BALANCE INV	MUTUAL FUNDS	747,118	822,573
	T. ROWE PRICE RETIREMENT 2020	MUTUAL FUNDS	2,252,093	2,489,378
	T. ROWE PRICE RETIREMENT 2060	MUTUAL FUNDS	197,420	211,629
	TEMPLETON FOREIGN FUND (ADV)	MUTUAL FUNDS	1,484,077	1,829,601
	VANGUARD GRW AND INC FD	MUTUAL FUNDS	2,017,611	2,361,873
	SELF-DIRECT ACCT	OTHER ASSETS	688,726	688,726
	UNINVESTED CASH	UNINVESTED CASH	1	1