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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES LLC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/15/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
RIVERSTONE RESOURCES LLC

250 COMMERCIAL STREET, SUITE 5000
MANCHESTER, NH 03101

2b Employer Identification Number (EIN) 02-0511580

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

2d Business code (see instructions) 524150

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	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

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**	650
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)**	337
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	340
b	Retired or separated participants receiving benefits	**6b**	38
c	Other retired or separated participants entitled to future benefits	**6c**	269
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	647
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	652
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	642
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)

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)

PRICE WATERHOUSE COOPERS

P.O. BOX 7247-8001
PHILADELPHIA, PA 19170-8001

(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?
70	ACCOUNTANT	46905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 71 72	RECORDKEEPER	804	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)	1086502	1163310
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9022207	10263765
(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)	814900	679631
(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)	85625443	97308722
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	688726	594262

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	97237778	110009690
	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**	97237778	110009690

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)**	2514776	
	(B) Participants	**2a(1)(B)**	3362900	
	(C) Others (including rollovers)	**2a(1)(C)**	313530	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		6191206
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	34964	
	(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)**	44066	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		79030
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	5422263	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		5422263
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	3989584	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	3989581	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		3
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	-3	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-3

		(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)		8266002
c Other income	2c		32739
d Total income. Add all **income** amounts in column (b) and enter total	2d		19991240
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7095243	
(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)		7095243
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
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)	124085	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		124085
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7219328
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12771912
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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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:

		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	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

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

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 Distributions

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

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

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

EIN(s): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

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, 2020 and 2019

The Individual Retirement Plan of
RiverStone Resources LLC
Index
December 31, 2020 and 2019

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Supplemental Schedule

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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, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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, 2020 and 2019 and for the year ended December 31, 2020, 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, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

PricewaterhouseCoopers LLP

101 Seaport Blvd.
Boston, MA 02210
October 7, 2021

The Individual Retirement Plan of
RiverStone Resources LLC
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets:		
Investments, at fair value	$ 107,572,164	$ 94,647,334
Self-directed accounts	594,261	688,726
Total investments, at fair value	108,166,425	95,336,060
Receivables:		
Employer contributions	1,163,310	1,086,502
Notes receivable from participants	679,631	814,900
Accrued interest	324	316
Total receivables	1,843,265	1,901,718
Net assets available for benefits	$ 110,009,690	$ 97,237,778

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, 2020

	2020
Additions to net assets attributed to:	
Investment income	
Interest and dividends	$ 5,457,227
Interest income on notes receivable from participants	44,066
Net appreciation in fair value of registered investment company investments	8,266,002
Other income	32,738
Total investment income	13,800,033
Contributions	
Contributions - employee	3,362,900
Contributions - employer	2,514,777
Contributions - rollovers	313,530
Total contributions	6,191,207
Total additions of net assets	19,991,240
Deductions to net assets attributed to:	
Benefits paid to participants	(7,095,243)
Administrative and other expenses	(124,085)
Total deductions	(7,219,328)
Net increase in net assets available for benefits	12,771,912
Net assets available for benefits	
Beginning of year	97,237,778
End of year	$ 110,009,690

The accompanying notes are an integral part of these financial statement

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.

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 Investment Committees (the "Committees" or the "Administrator") 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 $19,500 in 2020 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 $1,163,310 and $1,086,502 at December 31, 2020, and 2019, respectively, was accrued at December 31, 2020 and 2019.

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 years ended December 31, 2020 and 2019.

In accordance with rules and procedures established by the Committees 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 Committees 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 Bank of America N.A., the Trustee of the Plan, 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, 2020, and 2019, were $35,000 and $57,000 respectively.

Investment Options
Upon enrollment in the Plan, a participant may direct contributions among any of the authorized investment options, which from time to time may include money market, fixed income, equity, and insurance contract funds. 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 2020.

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 Committees of the Plan. Principal loans outstanding at December 31, 2020, and 2019, were $679,631 and $814,900, respectively, with loan rates between 4.25% to 6.50% and maturity dates ranging from February 8, 2021 to August 3rd, 2029.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. In 2020, under the Coronavirus Aid, Relief, and Economic Security Act ("Cares Act"), participants were permitted to defer loan repayments for up to 1 year.

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 on an accrual basis. 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 and common stock.

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

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

Administrative Expenses
Administrative, Trustee and other loan expenses of $124,085 for the year ended December 31, 2020, 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 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 3 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 1 and Level 2 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.

3. Fair Value Measurement

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

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

The fair value measurements at December 31, 2020, and 2019, and their related inputs are as follows:

	Total	Level 1	Level 2	Level 3
As of December 31, 2020:				
Self-directed accounts	$ 594,261	$ 594,261	$ -	$ -
Bond funds	9,250,462	9,250,462	-	-
Stock funds	60,883,479	60,883,479	-	-
Lifestyle funds	27,174,781	27,174,781	-	-
Money market funds	10,263,442	10,263,442	-	-
Total	$108,166,425	$108,166,425	$ -	$ -

	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	-	-
Stock funds	54,518,151	54,518,151	-	-
Lifestyle funds	23,001,981	23,001,981	-	-
Money market funds	9,021,890	9,021,890	-	-
Total	$ 95,336,060	$ 95,336,060	$ -	$ -

There were no transfers between Level 1 and Level 2 for the years ended December 31, 2020, and 2019. There were no securities measured at fair market value based upon unobservable inputs and accordingly, none were classified within Level 3 at December 31, 2020, or 2019.

4. Certified Financial Information

The following is the Plan's financial information and data as of December 31, 2020, and 2019, and for the year ended December 31, 2020. 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, 2020, and 2019, and for the year ended December 31, 2020. In addition, the supplemental schedule was certified.

	December 31, 2020	
	Units / Shares	Fair Value
Investments:		
Fidelity 500 Index Fund	106,410	$ 13,851,339
Dodge & Cox Stock Fund	56,267	10,834,699
BlackRock Liquidity Funds Fed Fund Class Institutional	10,216,100	10,216,100
PIMCO Total Return Fund Institutional Class	872,685	9,250,463
Invesco Small Cap Growth Fund Class R5	133,637	7,602,630
American Funds Fundamental Investors Class R6	94,429	6,528,832
T Rowe Price Retirement 2035 Fund Inv Class	215,533	4,577,928
American The Growth Fund Of America Class R6	63,658	4,302,659
T Rowe Price Retirement 2030 Fund Inv Class	139,612	3,971,953
T Rowe Price Retirement 2025 Fund Inv Class	197,756	3,830,525
MFS Mid Cap Growth Fund Class R6	124,281	3,776,892
T Rowe Price Retirement 2010 Fund Inv Class	203,413	3,732,637
American EuroPacific Growth Fund Class R6	51,119	3,542,546
T Rowe Price Retirement 2040 Fund Inv Class	87,425	2,660,342
Vanguard Growth And Income Fund Admiral Class	25,166	2,358,556
T Rowe Price Retirement 2050 Fund Inv Class	125,999	2,240,255
T Rowe Price Retirement 2045 Fund Inv Class	105,008	2,206,217
Janus Henderson Growth And Income Fund Class I	32,472	2,098,340
JPMorgan Market Expansion Enhanced Index Fund Select	146,159	1,571,206
Vanguard International Value Fund Investor Class	38,244	1,539,312
T Rowe Price Retirement Balanced Fund Inv Class	90,965	1,435,433
T Rowe Price Retirement 2020 Fund Inv Class	59,391	1,351,136
Dodge & Cox International Stock Fund	27,751	1,212,713
AllianzGI Mid Cap Value Fund Institutional	34,030	1,122,983
T Rowe Price Retirement 2055 Fund Inv Class	31,529	574,454
Janus Henderson Small Cap Value Fund Class N	25,496	540,774
T Rowe Price Retirement 2060 Fund Inv Class	26,056	382,763
T Rowe Price Retirement 2015 Fund Inv Class	14,113	211,138
Blackrock Federal Fund Institutional		47,339
Subtotal investments		107,572,164
Participants loans receivable*		679,631
Self-directed account		594,261
Total investments		$ 108,846,056

* Represents party-in-interest

	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 Liquidity Funds Fed Fund Class Institutional	9,021,890	9,021,890
PIMCO Total Return Fund Institutional Class	783,879	8,105,312
American Funds Fundamental Investors Class R6	92,232	5,722,082
Invesco Small Cap Growth Fund Class R5	127,157	5,214,706
T Rowe Price Retirement 2030 Fund Inv Class	157,013	4,066,640
T Rowe Price Retirement 2025 Fund Inv Class	194,677	3,461,360
T Rowe Price Retirement 2010 Fund Inv Class	190,598	3,436,481
AMG Managers Cadence Mid Cap Fund	111,351	3,284,852
T Rowe Price Retirement 2035 Fund Inv Class	160,525	3,054,792
American The Growth Fund Of America Class R6	57,493	2,939,620
American EuroPacific Growth Fund Class R6	51,144	2,841,025
T Rowe Price Retirement 2020 Fund Inv Class	112,693	2,489,378
Janus Henderson Growth And Income Fund Class I	39,278	2,404,622
Vanguard Growth And Income Fund Admiral Class	27,842	2,361,873
Templeton Foreign Fund (Adv)	255,888	1,829,601
T Rowe Price Retirement 2040 Fund Inv Class	67,462	1,825,515
T Rowe Price Retirement 2050 Fund Inv Class	101,004	1,579,705
T Rowe Price Retirement 2045 Fund Inv Class	80,397	1,488,951
Dodge & Cox International Short Term	28,430	1,239,552
JPMorgan Market Expansion Enhanced Index Fund Select	114,087	1,164,827
AllianzGI NFJ Mid Cap VL-Institutional	33,390	1,102,541
Janus Henderson Small Cap Value Fund Class N	39,850	915,747
T Rowe Price Retirement Balanced Fund Inv Class	53,069	822,573
T Rowe Price Retirement 2015 Fund Inv Class	19,938	289,094
T Rowe Price Retirement 2055 Fund Inv Class	17,350	275,864
T Rowe Price Retirement 2060 Fund Inv Class	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

The following is a summary of the Plan's net investment income for the year ended December 31, 2020:

Interest and Dividends:		
Investments	$	5,457,227
Notes receivable from participants		44,066
	$	5,501,293
Other Income	$	32,738
	$	32,738
Net appreciation in fair value of investments	$	8,266,002
	$	8,266,002

5. Plan Termination

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

6. Income Taxes

The Plan has received a favorable determination letter from the Internal Revenue Service dated June 20, 2012, indicating that it is qualified under Section 401(a) of the Code and therefore the related Trust is exempt from federal income taxes under the provisions of Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe the Plan is designed and 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 2016.

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 of $679,631 are deemed to be party-in-interest. Expenses of $124,085 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, 2020, and through the financial statements issuance date of October 7, 2021. 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, 2020

Description of investment including maturity date, rate or interest collateral, and par or maturity value	Cost (1)	Units / Shares	Fair Value
Investments:			
Fidelity 500 Index Fund		106,410	$ 13,851,339
Dodge & Cox Stock Fund		56,267	10,834,699
BlackRock Liquidity Funds Fed Fund Class Institutional		10,216,100	10,216,100
PIMCO Total Return Fund Institutional Class		872,685	9,250,463
Invesco Small Cap Growth Fund Class R5		133,637	7,602,630
American Funds Fundamental Investors Class R6		94,429	6,528,832
T Rowe Price Retirement 2035 Fund Inv Class		215,533	4,577,928
American The Growth Fund Of America Class R6		63,658	4,302,659
T Rowe Price Retirement 2030 Fund Inv Class		139,612	3,971,953
T Rowe Price Retirement 2025 Fund Inv Class		197,756	3,830,525
MFS Mid Cap Growth Fund Class R6		124,281	3,776,892
T Rowe Price Retirement 2010 Fund Inv Class		203,413	3,732,637
American EuroPacific Growth Fund Class R6		51,119	3,542,546
T Rowe Price Retirement 2040 Fund Inv Class		87,425	2,660,342
Vanguard Growth And Income Fund Admiral Class		25,166	2,358,556
T Rowe Price Retirement 2050 Fund Inv Class		125,999	2,240,255
T Rowe Price Retirement 2045 Fund Inv Class		105,008	2,206,217
Janus Henderson Growth And Income Fund Class I		32,472	2,098,340
JPMorgan Market Expansion Enhanced Index Fund Select		146,159	1,571,206
Vanguard International Value Fund Investor Class		38,244	1,539,312
T Rowe Price Retirement Balanced Fund Inv Class		90,965	1,435,433
T Rowe Price Retirement 2020 Fund Inv Class		59,391	1,351,136
Dodge & Cox International Stock Fund		27,751	1,212,713
AllianzGI Mid Cap Value Fund Institutional		34,030	1,122,983
T Rowe Price Retirement 2055 Fund Inv Class		31,529	574,454
Janus Henderson Small Cap Value Fund Class N		25,496	540,774
T Rowe Price Retirement 2060 Fund Inv Class		26,056	382,763
T Rowe Price Retirement 2015 Fund Inv Class		14,113	211,138
Blackrock Federal Fund Institutional			47,339
Subtotal investments			107,572,164
Participants loans receivable*			679,631
Self-directed account			594,261
Total investments			$ 108,846,056

* Represents party-in-interest

*A party in interest as defined by ERISA, 4.25% - 6.25% maturing from February 8, 2021 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 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan of RiverStone Resources LLC **EIN:02-0511580**
Plan Sponsor's Name: RiverStone Resources LLC **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	324	324
	LOAN FUND	LOANS	679,631	679,631
	BLACKROCK FEDFUND INSTL CL	MONEY MARKET	10,216,104	10,216,100
	BLF FEDFUND	MONEY MARKET	47,339	47,339
	ALLIANZGI MID CAP VAL FD INSTL	MUTUAL FUNDS	1,072,383	1,122,983
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	2,590,226	3,542,546
	AMERICAN FUNDAMENTAL	MUTUAL FUNDS	5,029,422	6,528,832
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	3,122,477	4,302,659
	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS	1,084,731	1,212,713
	DODGE & COX STOCK FUND	MUTUAL FUNDS	8,436,865	10,834,698
	FIDELITY 500 INDEX FUND	MUTUAL FUNDS	9,869,687	13,851,339
	INVESCO SMALL CAP GRTH CL R5	MUTUAL FUNDS	5,911,296	7,602,630
	JANUS HENDERSON SML CAP VAL N	MUTUAL FUNDS	536,481	540,774
	JANUS HNDRSN GRTH AND INCM I	MUTUAL FUNDS	1,540,180	2,098,339
	JP MORGAN MRKT EXPANSION CL I	MUTUAL FUNDS	1,543,231	1,571,206
	MFS MID CAP GROWTH FD R6	MUTUAL FUNDS	3,776,891	3,776,891
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	9,202,106	9,250,462
	T ROWE PRICE RETIREMENT 2010	MUTUAL FUNDS	3,328,462	3,732,637
	T ROWE PRICE RETIREMENT 2015	MUTUAL FUNDS	201,853	211,138

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan of RiverStone Resources LLC **EIN:02-0511580**
Plan Sponsor's Name: RiverStone Resources LLC **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 2025	MUTUAL FUNDS	3,267,265	3,830,525
	T ROWE PRICE RETIREMENT 2030	MUTUAL FUNDS	3,355,791	3,971,953
	T ROWE PRICE RETIREMENT 2035	MUTUAL FUNDS	3,895,248	4,577,928
	T ROWE PRICE RETIREMENT 2040	MUTUAL FUNDS	2,204,405	2,660,341
	T ROWE PRICE RETIREMENT 2045	MUTUAL FUNDS	1,867,800	2,206,217
	T ROWE PRICE RETIREMENT 2050	MUTUAL FUNDS	1,840,485	2,240,255
	T ROWE PRICE RETIREMENT 2055	MUTUAL FUNDS	486,844	574,454
	T ROWE PRICE RETIREMENT 2060	MUTUAL FUNDS	318,276	382,763
	T ROWE PRICE RTRMT BALANCE INV	MUTUAL FUNDS	1,376,501	1,435,433
	T. ROWE PRICE RETIREMENT 2020	MUTUAL FUNDS	1,236,388	1,351,136
	VANGUARD GRW AND INC FD	MUTUAL FUNDS	1,879,324	2,358,556
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	1,539,312	1,539,312
	SELF-DIRECT ACCT	OTHER ASSETS	594,261	594,261
	UNINVESTED CASH	UNINVESTED CASH	2	2