

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE INDIVIDUAL RETIREMENT PLAN OF RIVERSTONE RESOURCES LLC</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c 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>2b Employer Identification Number (EIN) <u>02-0511580</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>603-656-2200</u></td> </tr> <tr> <td>2d 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.	10/04/2022	SHANNA HAGGETT
	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 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	662
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)	350
a(2) Total number of active participants at the end of the plan year		6a(2)	349
b Retired or separated participants receiving benefits.....		6b	33
c Other retired or separated participants entitled to future benefits		6c	291
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	673
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	7
f Total. Add lines 6d and 6e		6f	680
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	616
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)

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	2203	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
(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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
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	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)	1163310 1065103
(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)	10263765 9635278
(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)	679631 533264
(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)	97308722 114500690
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	594262 667298

		(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 110009690	126401633
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 110009690	126401633

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 2325640	
	(B) Participants	2a(1)(B) 3334467	
	(C) Others (including rollovers).....	2a(1)(C) 1337208	
(2)	Noncash contributions.....	2a(2) 0	6997315
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		33546
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 2628	
(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) 30918	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	8324996
(B)	Common stock	2b(2)(B) 0	
(C)	Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 8324996	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 2278333	-2
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 2278335	
	(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)	2
	(B) Other	2b(5)(B) 2	
	(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)		8669168
c Other income.....	2c		13101
d Total income. Add all income amounts in column (b) and enter total.....	2d		24038126
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9532684	
(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)		9532684
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)	76576	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		76576
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9609260
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		14428866
l Transfers of assets:			
(1) To this plan.....	2l(1)		1963077
(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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: PRICE WATERHOUSE COOPERS

(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.).....

	Yes	No	Amount
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?	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	X		
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

Schedule R (Form 5500) 2021
v. 201209

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, 2021 and 2020**

**The Individual Retirement Plan of
RiverStone Resources LLC
Index
December 31, 2021 and 2020**

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*Other supplemental schedules required by 29 CFR 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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying 2021 financial statements of The Individual Retirement Plan of RiverStone Resources LLC (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The 2021 financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, including the related notes (collectively referred to as the "2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Other Matter – 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 7, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management 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, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.



Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PricewaterhouseCoopers, LLP

September 19, 2022

**The Individual Retirement Plan of
RiverStone Resources LLC
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Assets:		
Investments		
Investments, at fair value	\$ 124,802,937	\$ 108,166,425
Total investments, at fair value	124,802,937	108,166,425
Receivables		
Employer contributions	1,065,103	1,163,310
Notes receivable from participants	533,264	679,631
Accrued interest	329	324
Total receivables	1,598,696	1,843,265
Net assets available for benefits	<u>\$ 126,401,633</u>	<u>\$ 110,009,690</u>

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, 2021**

	2021
Additions to net assets attributed to:	
Investment income	
Interest and dividends	\$ 8,327,624
Interest income on notes receivable from participants	30,918
Net appreciation in fair value of investments	8,669,168
Other income	<u>13,101</u>
Total investment income	17,040,811
Contributions	
Contributions - participants	3,334,467
Contributions - employer	2,325,640
Contributions - rollovers	<u>1,337,208</u>
Total contributions	6,997,315
Total additions of net assets	<u>24,038,126</u>
Deductions to net assets attributed to:	
Benefits paid to participants	(9,532,684)
Administrative and other expenses	<u>(76,576)</u>
Total deductions	<u>(9,609,260)</u>
Net increase in net assets available for benefits	<u>14,428,866</u>
Transfer of Assets	
To the plan*	<u>1,963,077</u>
Net assets available for benefits	
Beginning of year	<u>110,009,690</u>
End of year	<u>\$ 126,401,633</u>

* Please see footnote one, Description of Plan, for details of merger relating to the transfer of assets to the plan above.

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, 2021 and 2020**

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.

On May 5, 2021, RiverStone Resources amended the RiverStone Plan to confirm the transfer of assets of the Arya Claims Services LLC, an affiliate of RiverStone Resources, Allied World Assurance Company (U.S.) Inc. 401(K) Plan, into the Plan in a full merger.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

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 2021 and 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 \$1,065,103 and \$1,163,310 was accrued at December 31, 2021, and 2020, respectively.

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, 2021, and 2020.

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.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

Participant's Accounts

Each participant's account is credited with the participant's 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, 2021, and 2020, were \$50,000 and \$35,000 respectively. The balance in the forfeiture account for the year ended December 31, 2021, was \$54,383.

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 2021.

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.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

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, 2021, and 2020, were \$533,264 and \$679,631, respectively, with loan rates between 4.25% to 6.50% and maturity dates ranging from February 8, 2021 to August 2, 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 one 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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. 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 \$76,576 for the year ended December 31, 2021, were deducted from Plan assets.

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

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.

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 Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

The fair value measurements at December 31, 2021, and 2020, and their related inputs are as follows:

	Total	Level 1	Level 2	Level 3
As of December 31, 2021:				
Self-directed accounts	\$ 667,298	\$ 667,298	\$ -	\$ -
Mutual Funds	124,135,639	124,135,639	-	-
Total	<u>\$124,802,937</u>	<u>\$124,802,937</u>	<u>\$ -</u>	<u>\$ -</u>
As of December 31, 2020:				
Self-directed accounts	\$ 594,261	\$ 594,261	\$ -	\$ -
Mutual Funds	107,572,164	107,572,164	-	-
Total	<u>\$108,166,425</u>	<u>\$108,166,425</u>	<u>\$ -</u>	<u>\$ -</u>

4. Certified Financial Information

The Plan's financial information and data 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, 2021, and 2020, and for the year ended December 31, 2021. In addition, the supplemental schedule was certified. The following information has been relied on by the Plan administrator in preparation of the Plan's financial statements and related supplement schedule in accordance with ERISA:

- Investments, individually and in aggregate, held by the Plan at cost and fair value at December 31, 2021 and 2020;
- Notes receivable from participants, individually and in aggregate, held by the Plan at unpaid principal plus accrued interest at December 31, 2021, and 2020;
- Net appreciation/(depreciation) in the fair value of investments and interest and dividends, individually and in the aggregate, for the year ended December 31, 2021;
- Interest income earned on notes receivable from participants for the year ended December 31, 2021; and
- All information reported on the Schedule of Assets (Held at End of Year) as of December 31, 2021.

The following is a summary of the Plan's net investment income for the year ended December 31, 2021:

Interest and Dividends:	
Investments	\$ 8,327,624
Notes receivable from participants	30,918
	<u>\$ 8,358,542</u>
Other Income	\$ 13,101
	<u>\$ 13,101</u>
Net appreciation in fair value of investments	\$ 8,669,168
	<u>\$ 8,669,168</u>

**The Individual Retirement Plan of
RiverStone Resources LLC
Notes to Financial Statements
December 31, 2021 and 2020**

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 2017.

7. Related Party and Party in Interest Transactions

Bank of America N.A., the Trustee of the Plan, manages the investments held by the Plan. Loan transactions to participants of \$533,264 are deemed to be party-in-interest. Expenses of \$76,576 related to recordkeeping services provided by the Trustee also qualify as party-in-interest transactions. Employees of RiverStone Resources who perform administrative and financial reporting for the plan are not compensated by the plan.

8. Subsequent Events

On March 1, 2022, assets of the Rockville Quinn Management, Rockville Quinn Management, Inc. 401(K) Plan, were merged into the Plan in a full merger.

On April 30, 2022, assets of certain participants from Crum and Forster, an affiliate of RiverStone Resources, will be transferred into the Plan before year end, in a partial merger.

Subsequent events have been considered through September 19, 2022.

**The Individual Retirement Plan of
RiverStone Resources LLC
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2021**

Identity of Issue	Investment Type	Cost (1)	Units / Shares	Current Value
Investments:				
Fidelity 500 Index Fund	Mutual Fund		101,238	\$ 16,736,609
Dodge & Cox Stock Fund	Mutual Fund		53,287	13,069,181
PIMCO Total Return Fund Institutional Class	Mutual Fund		908,557	9,330,879
Invesco Small Cap Growth Fund Class R5	Mutual Fund		186,144	8,622,211
American Funds Fundamental Investors Class R6	Mutual Fund		102,799	7,808,627
T Rowe Price Retirement 2035 Fund Inv Class	Mutual Fund		248,714	5,680,617
American The Growth Fund Of America Class R6	Mutual Fund		72,844	5,416,659
T Rowe Price Retirement 2030 Fund Inv Class	Mutual Fund		174,978	5,158,348
MFS Mid Cap Growth Fund Class R6	Mutual Fund		137,193	4,601,463
T Rowe Price Retirement 2025 Fund Inv Class	Mutual Fund		200,863	3,920,848
Vanguard Growth And Income Fund Admiral Class	Mutual Fund		35,819	3,735,607
T Rowe Price Retirement 2010 Fund Inv Class	Mutual Fund		211,621	3,711,832
T Rowe Price Retirement 2040 Fund Inv Class	Mutual Fund		99,085	3,246,032
American EuroPacific Growth Fund Class R6	Mutual Fund		48,875	3,163,656
Janus Henderson Growth And Income Fund Class I	Mutual Fund		39,115	3,080,695
T Rowe Price Retirement 2045 Fund Inv Class	Mutual Fund		128,992	2,968,114
T Rowe Price Retirement 2050 Fund Inv Class	Mutual Fund		126,993	2,475,097
Vanguard International Value Fund Investor Class	Mutual Fund		57,439	2,388,302
JPMorgan Market Expansion Enhanced Index Fund Select	Mutual Fund		145,245	1,783,604
T Rowe Price Retirement Balanced Fund Inv Class	Mutual Fund		110,984	1,682,514
T Rowe Price Retirement 2060 Fund Inv Class	Mutual Fund		72,187	1,193,974
T Rowe Price Retirement 2020 Fund Inv Class	Mutual Fund		53,660	1,191,780
Dodge & Cox International Stock Fund	Mutual Fund		23,514	1,111,978
T Rowe Price Retirement 2055 Fund Inv Class	Mutual Fund		49,810	1,004,658
VIRTUS NFJ Mid Cap Value Fund	Mutual Fund		21,878	815,406
Janus Henderson Small Cap Value Fund Class N	Mutual Fund		13,993	357,664
T Rowe Price Retirement 2015 Fund Inv Class	Mutual Fund		16,621	244,335
BlackRock Liquidity Funds Fed Fund Class Institutional	Money Market		9,763,640	9,763,640
Blackrock Federal Fund Institutional	Money Market			(128,691)
Subtotal investments				124,135,639
Participants loans receivable*				533,264
Self-directed account				667,298
Total investments				<u>\$ 125,336,201</u>
* Represents party-in-interest				

*A party in interest as defined by ERISA, 4.25% - 6.50% 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.

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan of 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	328	328
	LOAN FUND	LOANS	533,263	533,263
	BLACKROCK FEDFUND INSTL CL	MONEY MARKET	9,763,642	9,763,640
	BLF FEDFUND	MONEY MARKET	-128,691	-128,691
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	2,612,776	3,163,656
	AMERICAN FUNDAMENTAL	MUTUAL FUNDS	5,794,148	7,808,627
	AMERICAN GROWTH FUND R6	MUTUAL FUNDS	3,992,221	5,416,659
	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS	948,455	1,111,978
	DODGE & COX STOCK FUND	MUTUAL FUNDS	8,623,251	13,069,181
	FIDELITY 500 INDEX FUND	MUTUAL FUNDS	10,085,133	16,736,609
	INVESCO SMALL CAP GRTH CL R5	MUTUAL FUNDS	8,574,422	8,622,211
	JANUS HENDERSON SML CAP VAL N	MUTUAL FUNDS	308,456	357,664
	JANUS HNDRSN GRTH AND INCM I	MUTUAL FUNDS	2,051,852	3,080,695
	JP MORGAN MRKT EXPANSION CL I	MUTUAL FUNDS	1,624,771	1,783,604
	MFS MID CAP GROWTH FD R6	MUTUAL FUNDS	4,182,391	4,601,463
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	9,543,870	9,330,879
	T ROWE PRICE RETIREMENT 2010	MUTUAL FUNDS	3,494,710	3,711,832
	T ROWE PRICE RETIREMENT 2015	MUTUAL FUNDS	239,530	244,335
	T ROWE PRICE RETIREMENT 2020	MUTUAL FUNDS	1,125,240	1,191,780

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: The Individual Retirement Plan of 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 2025	MUTUAL FUNDS	3,492,466	3,920,848
	T ROWE PRICE RETIREMENT 2030	MUTUAL FUNDS	4,447,159	5,158,348
	T ROWE PRICE RETIREMENT 2035	MUTUAL FUNDS	4,696,511	5,680,617
	T ROWE PRICE RETIREMENT 2040	MUTUAL FUNDS	2,637,645	3,246,032
	T ROWE PRICE RETIREMENT 2045	MUTUAL FUNDS	2,440,966	2,968,114
	T ROWE PRICE RETIREMENT 2050	MUTUAL FUNDS	1,996,566	2,475,097
	T ROWE PRICE RETIREMENT 2055	MUTUAL FUNDS	878,057	1,004,658
	T ROWE PRICE RETIREMENT 2060	MUTUAL FUNDS	1,095,817	1,193,974
	T ROWE PRICE RTRMNT BALANCE	MUTUAL FUNDS	1,688,032	1,682,514
	VANGUARD GRW AND INC FD	MUTUAL FUNDS	3,091,520	3,735,607
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	2,388,610	2,388,302
	VIRTUS NFJ MID-CAP VALUE FD	MUTUAL FUNDS	719,886	815,406
	SELF-DIRECT ACCT	OTHER ASSETS	667,298	667,298
	UNINVESTED CASH	UNINVESTED CASH	1	1