

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/31/2023

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide 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

<p>1a Name of plan <u>SOUTHWESTERN ENERGY COMPANY PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>SOUTHWESTERN ENERGY</u></p> <p style="margin-top: 20px;"><u>10000 ENERGY DR</u> <u>SPRING, TX 77389-4954</u></p>	<p>1c Effective date of plan <u>01/01/1943</u></p> <p>2b Employer Identification Number (EIN) <u>71-0205415</u></p> <p>2c Plan Sponsor's telephone number <u>832-796-4700</u></p> <p>2d Business code (see instructions) <u>523110</u></p>

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.	05/11/2024	MICHAEL HANCOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/11/2024	MICHAEL HANCOCK
	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 <input checked="" type="checkbox"/> 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	856
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	208
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	0
	6g(2)	0
h	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **10/31/2023**

A Name of plan SOUTHWESTERN ENERGY COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWESTERN ENERGY	D Employer Identification Number (EIN) 71-0205415	

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)

WEAVER AND TIDWELL, L.L.P.

4400 POST OAK PARKWAY
SUITE 1100
HOUSTON, TX 77027

75-0786316

(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?
10	NONE	36050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIS TOWERS WATSON

500 N AKARD ST
SUITE 4100
DALLAS, TX 75202

53-0181291

(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?
11	NONE	391213	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

REGIONS

(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?
	NONE	56515	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/31/2023	
A Name of plan SOUTHWESTERN ENERGY COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWESTERN ENERGY	D Employer Identification Number (EIN) 71-0205415

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	432491	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2110347	0
(2) U.S. Government securities	1c(2)	69148562	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	71691400	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	27500	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	27500	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	71663900	0

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)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3411446	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3411446
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	301449	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		301449
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		-105791
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3607104

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2351228	
(2) To insurance carriers for the provision of benefits.....	2e(2)	57712858	
(3) Other.....	2e(3)	14216067	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		74280153
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	36050	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	56515	
(7) Actuarial fees	2i(7)	580155	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	318131	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		990851
j Total expenses. Add all expense amounts in column (b) and enter total	2j		75271004

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-71663900
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: WEAVER AND TIDWELL, L.L.P.

(2) EIN: 75-0786316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
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	
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?		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?.....		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	
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.).....	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?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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 0.

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 503691.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/31/2023

A Name of plan <u>SOUTHWESTERN ENERGY COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHWESTERN ENERGY</u>	D Employer Identification Number (EIN) <u>71-0205415</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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): _____		
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	13

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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements, Supplemental Schedules
and Independent Auditor's Report

Southwestern Energy Company Pension Plan

October 31, 2023 and December 31, 2022

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Independent Auditor's Report

To the Participants and Benefits Administration Committee of the
Southwestern Energy Company Pension Plan
Spring, Texas

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

We have performed audits of the financial statements of Southwestern Energy Company Pension Plan (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 financial statements comprise the statements of net assets available for benefits (liquidation basis) as of October 31, 2023 and December 31, 2022, and the related statements of changes in net assets available for benefits (liquidation basis) for the period ended October 31, 2023 and for the year ended December 31, 2022, the statement of accumulated plan benefits as of December 31, 2022 and the related statement of changes in accumulated plan benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of October 31, 2023 and December 31, 2022, and for the period ended October 31, 2023 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- the amounts and disclosures in the accompanying 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 (US GAAP).
- the information in the accompanying 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 audits 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 *Auditor's 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 audits. 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.

Emphasis of Matter - 2022 Financial Statements Restated

As discussed in Note B to the financial statements, the 2022 statement of net assets available for benefits has been restated to correct a misstatement. Our opinion is not modified with respect to this matter.

The Participants and Benefits Administration Committee of the
Southwestern Energy Company Pension Plan

Emphasis of Matter - Terminating Plan and Liquidation Basis of Accounting

As further discussed in Note D to the financial statements, the Company determined to terminate the Plan effective December 31, 2021. As a result, the Plan used the liquidation basis of accounting in presenting the 2022 and 2021 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, 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 that the financial statements are issued (or when applicable, one year after the date that 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.

Auditor's 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 auditor's 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 judgement 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 audits 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 US GAAP.

The Participants and Benefits Administration Committee of the
Southwestern Energy Company Pension Plan

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 US GAAP.

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 — Supplementary Information Required by ERISA

The supplementary information listed in the table of contents for the period ended October 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 supplementary information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 supplementary information 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 supplementary information, we evaluated whether the supplementary information, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplementary information, other than the information in the supplementary information that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplementary information 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).

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Houston, Texas
May 9, 2024

**Southwestern Energy Company
Pension Plan**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)

	October 31, 2023	December 31, 2022 (restated)
ASSETS:		
Investments at fair value:		
Fixed income funds	\$ -	\$ 69,148,562
Money market fund	-	2,110,347
Total investments	-	71,258,909
Receivables:		
Accrued interest and dividends	-	432,491
Total assets	-	71,691,400
LIABILITIES:		
Accrued expenses	-	392,655
Net assets available for benefits	\$ -	\$ 71,298,745

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

**Southwestern Energy Company
Pension Plan**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (LIQUIDATION BASIS)

	<u>For the period ended October 31,</u>	<u>For the year ended December 31,</u>
	<u>2023</u>	<u>2022 (restated)</u>
ADDITIONS:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (105,791)	\$ 345,623
Dividends	301,449	196,032
Interest/Other	<u>3,411,446</u>	<u>432,575</u>
Total additions	<u>3,607,104</u>	<u>974,230</u>
DEDUCTIONS:		
Benefits paid to participants	2,351,228	42,650,796
Annuity purchase	57,712,858	-
Transfer to the Company's 401K	14,216,067	-
Administrative expenses	<u>625,696</u>	<u>1,364,835</u>
Total deductions	<u>74,905,849</u>	<u>44,015,631</u>
NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS	<u>(71,298,745)</u>	<u>(43,041,401)</u>
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year (as restated)	<u>71,298,745</u>	<u>114,340,146</u>
End of year	<u>\$ -</u>	<u>\$ 71,298,745</u>

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

**Southwestern Energy Company
Pension Plan**

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2022
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 33,500,000
Other participants	23,200,000
Total vested benefits	<u>56,700,000</u>
Nonvested benefits	-
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 56,700,000</u>

The accompanying notes are an integral part of this financial statement.

**Southwestern Energy Company
Pension Plan**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended December 31, 2022
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, beginning of year:	\$ <u>101,000,000</u>
Increase (decrease) during the year attributable to:	
Change for interest due to change in the discount period	3,988,477
Assumption changes	(5,374,681)
Actuarial gain	(452,858)
Benefits paid	<u>(42,460,938)</u>
Net decrease	<u>(44,300,000)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, end of year	\$ <u><u>56,700,000</u></u>

The accompanying notes are an integral part of this financial statement.

**Southwestern Energy Company
Pension Plan**

NOTES TO FINANCIAL STATEMENTS
October 31, 2023 and December 31, 2022

NOTE A – DESCRIPTION OF THE PLAN

The following description of the Southwestern Energy Company Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. The Plan agreement was amended and restated effective January 1, 2020 and all subsequent amendments have been included in the notes herein; the amendments made to the Plan agreement have no significant effect on net assets.

1. General

The Plan is a defined benefit plan covering substantially all employees of Southwestern Energy Company (the “Company” or “Employer”) and its subsidiaries. Employees become participants on the first day of the month after attaining age 21 and completing one year of eligible service. The Plan was amended effective January 1, 2020 changing the Plan’s eligibility provisions to exclude an individual who became an employee of the Employer due to the Employer’s acquisition of Montage Resources Corporation.

Participation by eligible employees in the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

2. Plan Benefits and Vesting

Participants with three or more years of continuous service are entitled to annual pension benefits beginning at normal retirement age (65). The normal monthly retirement benefit for participants is equal to the sum of:

- 1.5% of the average monthly compensation, as defined, multiplied by the number of years of credited service (not to exceed 40), frozen as of January 1, 1998 for plan participants, plus;
- An additional monthly benefit for plan participants equal to the amount that can be provided by the participant’s contribution credits to the Plan with appropriate interest increases, plus;
- An additional monthly benefit for plan participants equal to the amount that can be provided by the participant’s credited cash balance account.

For participants, the number of years of credited benefit service was frozen as of January 1, 1998, for purposes of determining a new accrued benefit obligation under the Cash Balance Plan, which went into effect on January 1, 1998. Under the Cash Balance Plan, a cash balance account is maintained for all participants in the Plan. Based on the participant’s age and compensation, contribution credits are credited to their cash balance accounts at the end of the year, provided that the participant completes the required hours of service during the Plan year. Interest is also credited to the cash balance accounts based on a 6% annual rate for any period beginning on or after January 1, 2017. The minimum interest rate of 6% was applied in 2022.

Compensation included in the benefit calculation includes base salary as well as scheduled overtime and commissions. A vested participant may elect early retirement after reaching age 55 if they have five or more years of service, in which case, the amount of the monthly benefit derived from credited service prior to January 1, 1998 is reduced by 1/6 of 1% for each month by which the commencement of benefits precedes the normal retirement date. Effective January 1, 1998, the amount of the monthly benefit derived from the credited service related to the Cash Balance benefit is actuarially determined based on the current Plan provisions. The Plan also provides disability benefits and in-service death benefits for participants with three years of vesting service.

Participants may elect to receive their benefits as a life annuity with a guaranteed ten-year annuity. Alternate participant elections for benefits provided include:

- Qualified joint and survivor annuity,
- Life annuity with no death benefit
- Qualified optional survivor annuity

- Life annuity with a guaranteed number of payments
- Periodic installments with guaranteed number of installments
- Direct roll-over
- Level income annuity, or
- Lump-sum benefit in lieu of an annuity.

The lump-sum is the actuarial value of the plan participant's accrued benefit. Lump-sum benefits of less than \$1,000 are paid out automatically.

Effective January 1, 2020 the plan was amended to change the average monthly compensation calculation. Average Monthly Compensation is based upon a formula involving the average compensation during the participant's years of employment with the Company. The formula varies depending on the number of consecutive years of employment, including whether the employee was reemployed, and on the average compensation during the specified period of employment. Compensation earned on and after January 1, 2021, shall not be considered for any purpose under the Plan.

Effective December 31, 2021, the Plan was amended to address vesting upon plan termination. A Participant shall be fully vested in his or her Accrued Benefit as of December 31, 2021 if he or she:

- Has not terminated from employment as of December 31, 2021;
- Has an Accrued Benefit as of December 31, 2021; and
- Is not fully vested as of that date.

In addition, a Participant who terminates employment prior to December 31, 2021 and who is not, at such time, fully vested in his or her Accrued Benefit, but does not incur five consecutive one-year breaks in service as of that date, shall be fully vested in his or her Accrued Benefit as of December 31, 2021.

Effective December 31, 2021, if the Actuarial Equivalent of a Participant's vested Accrued Benefit, determined as of the date of distribution on account of a Severance from Employment or retirement, is \$5,000 or less, the Committee shall direct that the Accrued Benefit be paid as a lump sum cash payment as soon as administratively practicable following the Participant's Severance from Employment. Following termination of the Plan, such Accrued Benefits shall be paid in accordance with applicable regulations issued by the Pension Benefit Guaranty Corporation.

Effective September 1, 2022, the plan was amended to include the "2022 Lump Sum Window" which was applicable to any participant with an Accrued Benefit under the Plan, including any Beneficiary or Alternate Payee. The following participants were excluded from the "2022 Lump Sum Window".

- Participants who commenced receiving payments under the Plan prior to December 1, 2022;
- Alternate Payee's with a "shared interest" in the Participant's benefit payments, rather than a separate interest in the Participant's Accrued Benefit; and
- Participants and their current or former Spouse if either individual submitted a domestic relations order related to the Participant's Accrued Benefit that is under review by the Committee as of December 1, 2022 and has not been determined to be a qualified domestic relations order.

Participants were eligible, regardless of whether they incurred a Severance from Employment with the employer and affiliates. All eligible 2022 Window Participants were mailed a notice in September 2022 regarding terms and instructions for submitting an election.

If the Plan participant was married as of December 1, 2022, the Qualified Joint and Survivor Annuity was the mandatory form of payment, unless a Qualified Election was made with the written consent of their spouse. Annuity options for beneficiaries were calculated in accordance with the death benefit provisions of the Plan. Alternate Payee's benefit was calculated in accordance with the qualified domestic relations order.

The lump-sum was the actuarial value of the plan participant's accrued benefit and was calculated as of December 1, 2022.

The Trust Fund is the actuarial value as of the Plan termination date. The interest of each participant may continue to be held in the Trust Fund or, at the direction of the Committee prior to the transfer to a qualified replacement plan (“QRP”). The Trust Fund may be liquidated and distributed to participants in the form of a lump sum or annuity payments. Residual pension funds shall be transferred to a QRP.

3. Death and Disability

Plan participants who participated in the Plan on or before January 1, 1998, that die after completing three or more years of vesting service, receive a spousal annuity of fifty percent of the pension as determined for normal retirement, considering compensation at date of death and credited service to normal retirement date. Effective January 1, 2009, the actuarial equivalent of this benefit shall not be less than the actuarial equivalent of 100% of the participant’s cash balance account at date of death.

Plan participants who participated after January 1, 1998, that die after completing three or more years of vesting service, receive a spousal death benefit of one hundred percent (100%) of the cash balance annuity portion of the accrued benefit.

The benefit is payable at the later of death or the date the participant would have been age 55, reduced for the required joint and survivor annuity coverage.

Disability benefits for plan participants are equal to the greater of:

- The single-sum value of the accrued monthly deferred retirement income beginning at normal retirement, or;
- 30 times the final average monthly compensation.

For plan participants who participated on or before January 1, 1998, the single-sum value, accrued monthly pension, and credited service are defined by the Plan as it existed on December 31, 1997. For plan participants who participated after January 1, 1998, the single-sum value, accrued monthly pension, and credited service are defined in the current Plan.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

The accompanying financial statements of the Plan have been prepared using the liquidation basis of accounting accordance with accounting principles generally accepted in the United States (“GAAP”).

2. Prior Period Adjustment

Net assets available for benefits as of December 31, 2022, as previously reported, was overstated by \$365,155 due to 2022 invoices related to pension termination and actuarial services that were improperly excluded from the year-end accrual. The effect of this restatement on the statements of net assets available for benefits (liquidation basis) as of December 31, 2022, and the statements of changes in net assets available for benefits (liquidation basis) for the year ended December 31, 2022 is as follows:

Financial Statement Caption	2022			
	As Previously Reported	Prior Period Adjustment	As Restated	
Accrued expenses	\$ 27,500	\$ 365,155	\$	392,655
Net assets available for benefit	\$ 71,663,900	\$ (365,155)	\$	71,298,745
Administrative expenses	\$ 999,680	\$ 365,155	\$	1,364,835
Total deductions	\$ 43,650,476	\$ 365,155	\$	44,015,631

3. Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

4. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

5. Plan Expenses

All direct expenses of administering the Plan are paid by the Plan. These expenses include actuarial valuation and administration costs other than those not payable by the qualified trust, investment, Region trustee fees and other expenses associated with benefits of the Plan. There were no investment related expenses for the period ended October 31, 2023 and the year ended December 31, 2022, respectively.

6. Payment of Benefits

Benefit payments to participants are recorded when paid.

NOTE C – FUNDING POLICY

All contributions to the Plan are made by the Company. The contribution for each Plan year is determined pursuant to the recommendation of an independent actuary based upon methods and assumptions that are prescribed by regulations or the actuary considers appropriate. The cost method used by the actuary is the traditional unit credit method. The maximum contribution payable by the Company for any Plan year is the amount it may claim as a deduction for federal income tax purposes for that year. However, the Company may elect to make additional contributions, which are subject to excise taxes. The plan met the minimum funding requirements of ERISA in 2022 and 2023.

NOTE D – PLAN TERMINATION

The Company determined to terminate the Plan effective December 31, 2021. The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Participants became fully vested in their funded accrued benefit as of December 31, 2021 and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before Plan termination.
2. Annuity benefits which former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. governmental agency, up to the applicable limitations (discussed below).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).

5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on December 31, 2021.

Whether all participants receive their benefits, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

The Company commenced the pension plan termination process during 2022, and, on April 6, 2022, the Internal Revenue Service issued a favorable determination letter, concurring that the plan met all qualification requirements under the Internal Revenue Code. As part of the termination process, the Company distributed lump sum payments to or purchased annuities for the benefit of plan participants, which was dependent on the participants' elections. The Special Plan Termination Benefit Election Offer was distributed on September 16, 2022 and required all plan participants to finalize their election by November 4, 2022. In December 2022, the Company distributed approximately \$38 million of the plan's assets to participants in the form of lump sum payments in connection with a limited distribution window provided to all active and form employee participants as part of the plan termination process.

In March 2023, the Company entered into a group annuity contract with a qualified insurance company relating to the Plan. Under the group annuity contract, the Company purchased an irrevocable nonparticipating single premium group annuity contract from the insurer and transferred to the insurer the future benefit obligations and annuity administration for remaining retirees and beneficiaries under the Plan.

Upon issuance of the group annuity contract, the pension benefit obligations and annuity administration for the remaining participants was irrevocably transferred \$58 million from the Plan to the insurer. By transferring these obligations through the payment to the insurer in March 2023, the Company has no remaining obligations under the Plan or any other U.S. tax-qualified defined benefit pension plan. The purchase of the group annuity contract was funded directly by the assets of the Plan.

The Company's residual Plan assets of approximately \$14 million transferred to a qualified replacement plan on September 27, 2023 and closed the plan during the fourth quarter of 2023.

NOTE E – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- Retired or terminated employees or their beneficiaries
- Beneficiaries of employees who have died
- Present employees or their beneficiaries

The accumulated plan benefits for active employees are based on their annual compensation rates on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by Willis Towers Watson, an independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2022, were:

- Life expectancy of participants:

The Pri-2012 separate mortality tables for males and females projected generationally using scale MP-2021.

- Retirement age assumptions:

The probability of retirement is assigned to each year for the age range from 55-65 years, with 100% assumed to be retired by age 65.

- Net investment return of 5.60%.
- Interest rate to discount the obligation of 5.60%.

Assumption changes resulted in a \$5,374,681 impact to the Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2022, primarily as a result of the change in discount rate to value benefits from 5.00% to 5.60%.

NOTE F – INFORMATION CERTIFIED BY THE PLAN’S TRUSTEE

Management has elected to have the audit 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. Accordingly, certain information related to investments and disclosed in the accompanying financial statements and ERISA-required supplemental schedules, was obtained by management and agreed to or derived from information certified as complete and accurate by the trustee:

- Investments, as shown in the Statements of Net Assets Available for Benefits (Liquidation Basis) as of October 31, 2023 and December 31, 2022;
- Investment income, as shown in the Statements of Changes in Net Assets Available for Benefits (Liquidation Basis) for the period ended October 31, 2023 and year ended December 31, 2022; and
- Schedule H, Line 4j – Schedule of reportable transactions for the period ended October 31, 2023.

The Plan’s independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE G – FAIR VALUE MEASUREMENTS

The Plan defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three-tier fair value hierarchy is described as follows:

- Level 1: Quoted market prices (unadjusted) in active markets for identical assets and liabilities.
- Level 2: Inputs, other than the quoted prices in active markets included within Level 1, that are observable for the asset or liability either directly or indirectly.
- Level 3: Unobservable inputs for which there is little or no market data, which require the reporting entity to develop its own assumptions about what market participants would use in pricing the asset or liability.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of assets and liabilities being measured and their placement or changes in their placement within the fair value hierarchy. Transfers between levels are recognized on the actual date of the event resulting in the transfer.

Following is a description of the valuation methodologies used for assets at fair value.

The Company’s fair value classification is based on its interest in the fund itself and does not include a “look through” to the underlying assets and liabilities.

Fixed income: Consist of highly liquid securities that are considered low risk and provide low returns typically in the form of fixed interest or dividends.

Money market funds: Consist of highly liquid and short-term investments which produce a daily NAV that is valued at amortized cost, which approximates fair value of their investments. These funds are classified as Level 1.

The preceding methods described may produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Company had no Plan assets at October 31, 2023. The following assets are measured at fair value on a recurring basis at December 31, 2022:

	2022			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Fixed Income	\$ 69,148,562	\$ 69,148,562	\$ –	\$ –
Money market fund	2,110,347	2,110,347	–	–
Investments at fair value	<u>\$ 71,258,909</u>	<u>\$ 71,258,909</u>	<u>\$ –</u>	<u>\$ –</u>

NOTE H – TAX STATUS

The Plan obtained its latest determination letter on April 6, 2022, in which the Internal Revenue Service stated that the Plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (the “Code”). The Plan administrator believes that the amendments (and other changes) to the Plan agreement since the application for the determination letter have not changed this determination. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I – 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. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades and global events such as a pandemic and international conflicts. 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 the amounts reported in the statement of net assets available for benefits (liquidation basis).

Plan contributions are made and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumptions process, it is at least reasonably possible that changes in the near term would be material to the financial statements.

NOTE J – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are issued by Regions Bank. Regions Bank was the trustee as defined by the Plan. Therefore, transactions with Regions Bank investments qualify as party-in-interest transactions. Fees paid by the Plan for trustee services to Regions Bank amounted to \$56,515 and \$110,000 for the period ended October 31, 2023 and the year ended December 31, 2022, respectively. The Plan’s investment transactions are covered by exemptions from the “prohibited transaction” provision of ERISA and the Code.

NOTE K – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at October 31, 2023 and December 31, 2022 (as restated) to Form 5500:

	2023	2022
Net assets available for benefits per the financial statement	\$ -	\$ 71,298,745
Accrued Expenses	-	365,155
Net assets available benefits per Form 5500	<u>\$ -</u>	<u>\$ 71,663,900</u>

The following is a reconciliation of the changes in net assets available for benefits per the financial statement for the period ended October 31, 2023 and the year ended December 31, 2022 (as restated), to Form 5500:

	2023	2022
Decrease in net assets available for benefits per the financial statement	\$ (71,298,745)	\$ 43,041,401
Administrative Expenses	<u>(365,155)</u>	<u>365,155</u>
Decrease in net assets available benefits per Form 5500	<u>\$ (71,663,900)</u>	<u>\$ 42,676,246</u>

NOTE K – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 9, 2024, the date the financial statements were available to be issued.

On January 10, 2024, the Company entered into an Agreement and Plan of Merger (the “Merger Agreement”) with Chesapeake Energy Corporation, an Oklahoma corporation (“Chesapeake”), Hulk Merger Sub, Inc., a Delaware corporation and a newly formed, wholly owned subsidiary of Chesapeake (“Merger Sub”) and Hulk LLC Sub, LLC, a Delaware limited liability company and a wholly owned subsidiary of Chesapeake (“LLC Sub” and together with Merger Sub, the Company and Chesapeake, the “Parties”), pursuant to which Merger Sub will merge with and into the Company (the “Proposed Merger”), with the Company continuing as a wholly owned subsidiary of Chesapeake (the “Surviving Corporation”). Immediately following the time the Proposed Merger becomes effective (the “Effective Time”), the Surviving Corporation will be merged with and into LLC Sub, with LLC Sub continuing as the surviving entity and as a wholly owned subsidiary of Chesapeake. Under the terms of the Merger Agreement, upon completion of the Proposed Merger, Southwestern shareholders will receive 0.0867 shares of Chesapeake common stock for one share of Southwestern common stock. The consideration to be paid under the Merger Agreement is subject to adjustment as provided in the Merger Agreement. No fractional shares of Chesapeake common stock will be issued in the Proposed Merger, the holders of shares of Southwestern common stock will receive cash in lieu of fractional shares of Chesapeake common stock, if any, in accordance with the terms of the Merger Agreement.

The consummation of the Proposed Merger is subject to the satisfaction or waiver of customary closing conditions, including: receipt of the required approvals from the stockholders of the Company and Chesapeake, and the expiration or termination of the extended waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as

amended (the “HSR Act”) and no agreement between or commitment by the Parties and any governmental entity not to consummate the Proposed Merger being in effect. The Company and Chesapeake have each made customary representations and warranties in the Merger Agreement. The Merger Agreement also contains customary pre-closing covenants of the Company and Chesapeake, including, subject to certain exceptions, covenants relating to conducting their respective businesses in the ordinary course consistent with past practice and refraining from taking certain actions, excepting in each case actions expressly permitted or required by the Merger Agreement, required by law or consented to by the other party in writing. The Merger Agreement provides that in the event of termination of the Merger Agreement under certain circumstances, the Company may be required to reimburse Chesapeake’s expenses up to \$55.6 million or pay Chesapeake a termination fee equal to \$389 million less any expenses previously paid. Further, Chesapeake may be required to reimburse our expenses up to \$37.25 million or pay us a termination fee equal to \$260 million less any expenses previously paid.

SUPPLEMENTAL SCHEDULE

**Southwestern Energy Company
Pension Plan**

Plan Number #001 Employer Identification Number #71-0205415
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Period Ended October 31, 2023

(a) Identity of Party Involved	(b) Description of Asset	No. of Transaction	Transaction Type	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset
Single Transactions:						
Fidelity Government Portfolio	Money Market Fund	1	Purchase	\$ 5,117,405	\$	\$ 5,117,405
Fidelity Government Portfolio	Money Market Fund	1	Purchase	67,431,000		67,431,000
US Treasury Note / Bond	Fixed Income	1	Purchase	10,003,564		10,003,564
Fidelity Government Portfolio	Money Market Fund	1	Purchase	10,058,900		10,058,900
US Treasury Note / Bond	Fixed Income	1	Purchase	11,499,875		11,499,875
Fidelity Government Portfolio	Money Market Fund	1	Purchase	11,635,400		11,635,400
US Treasury Note / Bond	Fixed Income	1	Purchase	12,002,287		12,002,287
Fidelity Government Portfolio	Money Market Fund	1	Purchase	12,063,600		12,063,600
Fidelity Government Portfolio	Money Market Fund	1	Sale		4,999,595	4,999,595
Fidelity Government Portfolio	Money Market Fund	1	Sale		57,862,090	57,862,090
Fidelity Government Portfolio	Money Market Fund	1	Sale		10,003,564	10,003,564
Fidelity Government Portfolio	Money Market Fund	1	Sale		11,499,875	11,499,875
Fidelity Government Portfolio	Money Market Fund	1	Sale		12,002,287	12,002,287
Fidelity Government Portfolio	Money Market Fund	1	Sale		14,176,048	14,176,048

**Southwestern Energy Company
Pension Plan**

Plan Number #001 Employer Identification Number #71-0205415
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
For the Period Ended October 31, 2023

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Single Transactions:						
Fidelity Government Portfolio	Money Market Fund	1	Purchase	\$ 5,117,405	\$	\$ 5,117,405
Fidelity Government Portfolio	Money Market Fund	1	Purchase	67,431,000		67,431,000
US Treasury Note / Bond	Fixed Income	1	Purchase	10,003,564		10,003,564
Fidelity Government Portfolio	Money Market Fund	1	Purchase	10,058,900		10,058,900
US Treasury Note / Bond	Fixed Income	1	Purchase	11,499,875		11,499,875
Fidelity Government Portfolio	Money Market Fund	1	Purchase	11,635,400		11,635,400
US Treasury Note / Bond	Fixed Income	1	Purchase	12,002,287		12,002,287
Fidelity Government Portfolio	Money Market Fund	1	Purchase	12,063,600		12,063,600
Fidelity Government Portfolio	Money Market Fund	1	Sale		4,999,595	4,999,595
Fidelity Government Portfolio	Money Market Fund	1	Sale		57,862,090	57,862,090
Fidelity Government Portfolio	Money Market Fund	1	Sale		10,003,564	10,003,564
Fidelity Government Portfolio	Money Market Fund	1	Sale		11,499,875	11,499,875
Fidelity Government Portfolio	Money Market Fund	1	Sale		12,002,287	12,002,287
Fidelity Government Portfolio	Money Market Fund	1	Sale		14,176,048	14,176,048