

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>RPFEOPWCCRBUMWOAPTTKRAO2024</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>004</u>
<b>2a</b> 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>PEABODY HOLDING COMPANY, LLC.</u>  <u>701 MARKET STREET, SUITE 600</u> <u>ST. LOUIS, MO 63101-1826</u>	<b>1c</b> Effective date of plan <u>12/06/1977</u>  <b>2b</b> Employer Identification Number (EIN) <u>74-2666822</u>  <b>2c</b> Plan Sponsor's telephone number <u>314-342-7711</u>  <b>2d</b> Business code (see instructions) <u>212110</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2025	BRIAN HASCHMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN 74-2666822	
<b>a</b> Sponsor's name PEABODY HOLDING COMPANY, LLC.		<b>4d</b> PN 004	
<b>c</b> Plan Name RPFEROPWCCRBUMWOAPTTKRAO2020			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	968	
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	22	
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	26	
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	591	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	91	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.	<b>6d</b>	708	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>	245	
<b>f</b> Total. Add lines 6d and 6e.	<b>6f</b>	953	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>		

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

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

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input 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
(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
(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)

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached 0
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>RPFEOPWCCRBUMWOAPTTKRAO2024</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PEABODY HOLDING COMPANY, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2666822</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>116043498</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>125267682</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>826</u>	<u>119494274</u>
	<b>b</b> For terminated vested participants .....	<u>120</u>	<u>7735864</u>
	<b>c</b> For active participants .....	<u>22</u>	<u>2751453</u>
	<b>d</b> Total .....	<u>968</u>	<u>129981591</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>134504</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1000000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1134504</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>  <u>ELIZABETH A. REID</u> Signature of actuary  <u>WILLIS TOWERS WATSON US LLC</u> Firm name  <u>7733 FORSYTH BOULEVARD</u> <u>SUITE 1350</u> <u>ST. LOUIS, MO 63105-3437</u> Address of the firm	<u>09/23/2025</u> Date  <u>23-07848</u> Most recent enrollment number  <u>314-719-5900</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	6857089
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2303229
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	4553860
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.10</u> % .....	0	368863
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.07</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	4922723

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	92.52 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	92.52 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	90.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/02/2025	5000000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	5000000	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 4755809
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b>
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 1134504
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	9723525		951822
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 2086326
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	2086326	2086326
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 4755809
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 4755809
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 2086326
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RPFEOPWCCRBUMWOAPTTKRAO2024</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PEABODY HOLDING COMPANY, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2666822</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PEABODY INVESTMENTS CORP MASTER TRU</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>PEABODY INVESTMENTS CORP.</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>20-0480084-002</u>	<u>M</u>		<u>104838585</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan RPFEOPWCCRBUMWOAPTTKRAO2024		<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 PEABODY HOLDING COMPANY, LLC.		<b>D</b> Employer Identification Number (EIN) 74-2666822	

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	5000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	116043498	104838585
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	116043498	109838585
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	116043498	109838585

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	5000000	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		5000000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		-552309
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4447691

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10652604	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10652604
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		10652604

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-6204913
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: UHY LLP

(2) EIN: 20-0694403

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		25000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 553302.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>RPFEOPWCCRBUMWOAPTTKRAO2024</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PEABODY HOLDING COMPANY, LLC.</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2666822</u>	

<b>Part I</b>	<b>Distributions</b>
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**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): 13-4994650

**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		0
---	--	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN  
COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF  
AMERICA PURSUANT TO THE KAYENTA RECLAMATION  
AGREEMENT OF 2024**

**AUDITED FINANCIAL STATEMENTS**

**Years Ended December 31, 2024 and 2023**

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY  
WESTERN COAL COMPANY REPRESENTED BY UNITED MINE  
WORKERS OF AMERICA PURSUANT TO THE KAYENTA  
RECLAMATION AGREEMENT OF 2024**

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## INDEPENDENT AUDITOR'S REPORT

Defined Benefit Administrative Committee  
Peabody Investments Corp.

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

We have performed audits of the financial statements of Retirement Plan for Eligible Retirees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024 (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 as of December 31, 2024 and 2023 and statements of changes in net assets available for benefits for the years then ended, 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 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 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 referred to above, 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 financial statements referred to above 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. 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.

## **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.

## **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 generally accepted auditing standards will always detect a material misstatement when it exists.

## **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

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 generally accepted auditing standards, 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 certifications, 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.

The logo for UHY LLP, featuring the letters 'UHY' in a large, stylized, cursive font, with 'LLP' in a smaller, simpler font to the right.

St. Louis, Missouri  
October 6, 2025

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN  
 COAL COMPANY REPRESENTED BY UNITED MINE WORKERS  
 OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION  
 AGREEMENT OF 2024  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<b>ASSETS</b>		
Interest in the Peabody Investments Corp. Master Trust	\$ 104,838,585	\$ 116,043,498
Employer contributions receivable	5,000,000	-
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 109,838,585</b>	<b>\$ 116,043,498</b>

*See notes to financial statements.*

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN  
COAL COMPANY REPRESENTED BY UNITED MINE WORKERS  
OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION  
AGREEMENT OF 2024  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

	<b>Years Ended December 31,</b>	
	<b>2024</b>	<b>2023</b>
INVESTMENT INCOME		
Plan Interest in the Peabody Investments Corp.		
Master Trust Investment Gain	\$ 885,499	\$ 9,453,536
EMPLOYER CONTRIBUTIONS	5,000,000	-
BENEFITS PAID TO PARTICIPANTS	(10,652,604)	(10,784,977)
ADMINISTRATIVE EXPENSES	(1,437,808)	(1,228,057)
NET DECREASE	(6,204,913)	(2,559,498)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning	116,043,498	118,602,996
Ending	\$ 109,838,585	\$ 116,043,498

*See notes to financial statements.*

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 — DESCRIPTION OF PLAN**

The following description of the Retirement Plan for Eligible Retirees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024 (the Peabody Western Plan) provides only general information. Information about the plan agreement, vesting and benefit provisions, and the Pension Benefit Guarantee Corporation (PBGC) benefit guarantee is contained in the plan document.

**General**

The Peabody Western Plan is a defined benefit pension plan, which provides pension and disability pension payments to eligible participants of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Peabody Holding Company, LLC, a wholly-owned subsidiary of Peabody Energy Corporation (the Company), is the Plan Sponsor of the Plan.

The Plan participates in the Peabody Investment Corp. Master Trust (the Master Trust). All investments of the Plan are held and administered by JPMorgan Chase Bank, N.A. (the Trustee) under a master trust agreement. The Master Trust was created for investing the pooled assets of the employee benefit plans of Peabody Investments Corp. and its subsidiaries and affiliates, which are ultimately wholly-owned by the Company.

Plan participants are represented by the United Mine Workers of America pursuant to the Kayenta Reclamation Agreement of 2024.

In August 2019, the Peabody Western Coal Company ceased its operations, and all represented employees were laid off at that time. These employees were represented by the United Mine Workers of America pursuant to the Western Surface Agreement of 2013, and that contract expired on September 17, 2019. This event resulted in a partial termination of the Plan. Effective November 1, 2020, the Kayenta Reclamation Agreement of 2020 governed the employment of individuals recalled and continued benefits under the Plan, absent a 13<sup>th</sup> month payment. Effective November 1, 2024, the Kayenta Reclamation Agreement of 2024 governs the employment of individuals recalled and continues benefits under the Plan.

**Eligibility**

Current and former employees of Peabody Western Coal Company and Seneca Coal Company and former employees of Big Sky Coal Company, each of whom worked or are working in classified jobs and represented by the United Mine Workers of America pursuant to the Kayenta Reclamation Agreement of 2024, are eligible to participate in the Plan.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 — DESCRIPTION OF PLAN (Continued)**

**Normal retirement benefit**

The normal retirement date is the first of the month coincident with or next following the earlier of (a) the participant's sixty-second birthday and the completion of either five years of vesting service or at least twenty total years of credited service, reciprocal service, and nonsignatory past service or (b) the later of the participant's sixty-fifth birthday and the completion of five years of participation in the Peabody Western Plan.

The monthly amount of pension allowance is equal to \$7.50 multiplied by years of nonsignatory past service plus the sum of (a) through (k) below for participants retiring on or after September 16, 2013:

Service Period	Amount
a) Total years credited service and reciprocal service prior to January 1, 1989	
First 10 years	\$ 42.50
Second 10 years	\$ 43.00
Third 10 years	\$ 43.50
In excess of 30 years	\$ 44.00
b) Service from January 1, 1989 to December 31, 1989	\$ 50.00
c) Service from January 1, 1990 to December 31, 1993	\$ 54.50
d) Service from January 1, 1994 to September 1, 2007	\$ 57.50
e) Service from September 2, 2007 to September 15, 2013	\$ 59.50
f) Service from September 16, 2013 to September 15, 2014	\$ 60.50
g) Service from September 16, 2014 to September 15, 2015	\$ 61.50
h) Service from September 16, 2015 to September 15, 2016	\$ 62.50
i) Service from September 16, 2016 to September 15, 2017	\$ 63.50
j) Service from September 16, 2017 to September 15, 2018	\$ 64.50
k) Service beginning September 16, 2018	\$ 65.50

Rates are renegotiated periodically, and rates other than those illustrated above apply to earlier periods. Service is credited in accordance with specific rules set forth in the Plan document.

**Vesting**

Participants are fully vested after five years of service or after being credited with a total of at least 20 years of combined credited service, reciprocal service and nonsignatory past service.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 1 — DESCRIPTION OF PLAN (Continued)**

**Employer Contributions**

The Company makes actuarially determined contributions to the Plan as necessary to provide sufficient assets for benefit payments to plan participants and to comply with applicable laws, regulations and arrangement with regulators. The funding policy of the Company is to contribute annually an amount of at least the minimum contribution required by law but no greater than the maximum tax-deductible contribution allowed under the law, as estimated by the Plan's actuary. The Plan made an election to use its funding balance to offset minimum required contributions of \$2,086,326.

In 1998, the Company entered into an agreement with the PBGC under its Early Warning Program. The agreement required the Company to maintain certain funding levels and make additional contributions if the plan's funded status fell below specified thresholds. In addition, a Letter of Credit was required to be maintained by the Company in favor of the PBGC.

In January 2025, the Company made a contribution of \$5,000,000 to the Plan which is included in employer contributions receivable as of December 31, 2024. This contribution increased the Plan's funded status and satisfied the requirements for termination of the PBGC agreement. As a result, the Plan is no longer subject to the restrictions and monitoring provisions of the Early Warning Program and the Letter of Credit maintained in favor of the PBGC was released.

**Plan Termination**

The Plan Sponsor periodically reviews pension de-risking options and may terminate the Plan subject to the provisions set forth in ERISA.

The Plan could be terminated through the collective bargaining process subject to the provisions of ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC up to the insurance limitations thereof at that time. Some benefits may be fully or partially supported by the then-existing assets and the PBGC benefit guarantee, while other benefits may not be supported at all.

**Administrative Expenses**

Administrative expenses may include recordkeeping and actuarial fees, as well as PBGC premiums. Administrative expenses that are directly related to the Plan are paid from the assets of the Plan.

**NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

**Valuation of Investments**

Investments are reported at fair value. The Plan Sponsor defines fair value 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. See Note 4 for further description of fair value measurements.

**Interest in the Master Trust**

The change in interest in the Master Trust resulting from investment activity consists of the Plan's share of interest, dividends, net realized gains and losses, and net unrealized appreciation and depreciation of the Master Trust's assets. Income and realized and unrealized appreciation or depreciation of investments of the Master Trust are allocated to each participating Plan based on a weighted-average method that considers the value of the Plan's shares in investments during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are estimated future periodic payments, including lump-sum distributions that are attributable to service rendered by participants under plan provisions through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, and active employees or their beneficiaries.

The actuarially determined present value of accumulated plan benefits is based on information provided by the Plan Sponsor. Actuarial present value is determined by applying assumptions to calculate the accumulated plan benefits reflecting the time value of money (through discounts for interest) and actuarial assumptions regarding the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected payment date. See Note 5 for additional information.

**Subsequent Events**

Subsequent events were evaluated through October 6, 2025, which is the date the financial statements were available to be issued.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 3 — INTEREST IN PEABODY INVESTMENTS CORP. MASTER TRUST**

Assets of the Master Trust are invested in accordance with investment guidelines established by the Peabody Western Plan Retirement Committee (the Retirement Committee) after consultation with outside investment advisors and actuaries.

The asset allocation targets have been set with the expectation that the assets of the Master Trust will be managed with an appropriate level of risk to fund the Plan's expected liabilities. To determine the appropriate target asset allocations, the Retirement Committee considers the demographics of the Plan's participants, the funded status of the Plan, the business and financial profile of the Plan Sponsor and other associated risk preferences. These allocation targets are reviewed by the Retirement Committee on a regular basis and revised as necessary. The Master Trust investment portfolio reflected the Plan Sponsor's target asset mix of 100% fixed income investments.

Assets of the Master Trust are under active management by third-party investment managers, which are selected and monitored by the Retirement Committee. Specific investment guidelines have been established by the Retirement Committee for each major asset class including performance benchmarks, allowable and prohibited investment types and concentration limits. In general, investment guidelines do not permit leveraging the assets held in the Master Trust. However, investment managers may employ various strategies and derivative instruments in establishing overall portfolio characteristics consistent with the guidelines and investment objectives established by the Retirement Committee for its portfolios. Fixed income investment guidelines only allow for exchange-traded derivatives if the investment manager deems the derivative vehicle to be more attractive than a similar direct investment in an underlying cash market or to manage the duration of the fixed income portfolio.

All investment information disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023 and net appreciation (depreciation) in fair value of investments and investment income (loss) for the years then ended, was obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by the Trustee.

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was 100%.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
December 31, 2024 and 2023

**NOTE 3 — INTEREST IN PEABODY INVESTMENTS CORP. MASTER TRUST (Continued)**

The net assets of the Master Trust available to the Plan were as follows:

	December 31,	
	2024	2023
Assets		
Investments at fair value		
Corporate Bonds	\$ 64,414,493	\$ 65,925,837
U.S. Government Securities	39,669,132	40,110,694
International Government Securities	1,508,674	1,514,774
Asset-Backed Securities	368,330	461,099
Cash Funds	4,319,367	3,854,114
Private Mutual Funds	16,254,158	20,079,716
	<u>126,534,154</u>	<u>131,946,234</u>
Receivables		
Proceeds from securities sold	4,743,839	9,239,823
Investment income	1,012,040	1,037,428
	<u>5,755,879</u>	<u>10,277,251</u>
Total assets	132,290,033	142,223,485
Liabilities		
Payable for securities purchased	<u>(27,451,448)</u>	<u>(26,179,987)</u>
Net Assets Available for Benefits	<u>\$ 104,838,585</u>	<u>\$ 116,043,498</u>

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 3 — PEABODY INVESTMENTS CORP. MASTER TRUST (Continued)**

Changes in net assets of the Master Trust available to the Plan were as follows:

	Years Ended December 31,	
	<u>2024</u>	<u>2023</u>
Net Assets Available to the Plan at Beginning of Year	<u>\$ 116,043,498</u>	<u>\$ 118,602,996</u>
Additions		
Interest	3,991,907	3,995,456
Dividends	939,891	977,657
Other income	<u>26,428</u>	<u>121,403</u>
Investment income	<u>4,958,226</u>	<u>5,094,516</u>
Deductions		
Benefits paid to participants	(10,652,604)	(10,784,977)
Administrative expenses	<u>(1,437,808)</u>	<u>(1,228,057)</u>
	<u>(12,090,412)</u>	<u>(12,013,034)</u>
Net Appreciation (Depreciation) in Fair Value of Investments	<u>(4,072,727)</u>	<u>4,359,020</u>
Net Assets Available to the Plan at End of Year	<u>\$ 104,838,585</u>	<u>\$ 116,043,498</u>

**NOTE 4 — FAIR VALUE MEASUREMENTS**

The Plan Sponsor uses a three-level fair value hierarchy that categorizes assets and liabilities of the Master Trust measured at fair value based on the observability of the inputs utilized in the valuation. These levels include: Level 1, inputs are quoted prices in active markets for the identical assets or liabilities; Level 2, inputs other than quoted prices included in Level 1 that are directly or indirectly observable through market-corroborated inputs; and Level 3, inputs are unobservable, or observable but cannot be market-corroborated, requiring the Plan Sponsor to make assumptions about pricing by market participants.

A financial instrument's level within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Following is a description of the valuation techniques and inputs used for investments measured at fair value, including the general classification of such investments pursuant to the valuation hierarchy.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)**

*Corporate Bonds*

The Master Trust invests in corporate bonds for diversification. Investment types are predominantly investment-grade corporate bonds. Fair value for these securities is provided by a third-party pricing service that utilizes various inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads and benchmark securities as well as other relevant economic measures. Corporate bonds are classified within the Level 2 valuation hierarchy since fair value inputs are derived prices in active markets and the bonds are not traded on a national securities exchange.

*U.S. Government Securities*

The Master Trust invests in U.S. government securities for diversification and to provide a hedge to interest rate movements affecting liabilities. Investment types are predominantly U.S. government bonds, agency securities and municipal bonds. Fair value for these securities is provided by a third-party pricing service that utilizes various inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads and benchmark securities as well as other relevant economic measures. If fair value is based on quoted prices in active markets and traded on a national securities exchange, U.S. government securities are classified within the Level 1 valuation hierarchy; otherwise, U.S. government securities are classified within the Level 2 valuation hierarchy.

*International Government Securities*

The Master Trust invests in international government securities for diversification and to provide a hedge to interest rate movements affecting liabilities. Investment types are predominantly non-U.S. government bonds. Fair value for these securities is provided by a third-party pricing service that utilizes various inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads and benchmark securities as well as other relevant economic measures. International government securities are classified within the Level 2 valuation hierarchy since fair value inputs are derived prices in active markets and the bonds are not traded on a national securities exchange.

*Asset-Backed Securities*

The Master Trust invests in asset-backed securities for diversification and to provide a hedge to interest rate movements affecting liabilities. Investment types are predominately mortgage-backed securities. Asset-backed securities are classified within the Level 2 valuation hierarchy since fair value inputs are derived prices in active markets and the investments are not traded on a national securities exchange.

*Cash Funds*

The Master Trust invests in cash funds to manage liquidity resulting from payment of participant benefits and certain administrative fees. Investment vehicles primarily include a non-interest bearing cash fund with an earnings credit allowance feature and various exchange-traded derivative instruments consisting of futures and interest rate swap agreements used to manage the duration of certain liability-hedging investments. The non-interest bearing cash fund is classified within the Level 1 valuation hierarchy. Exchange traded derivatives, such as options and futures, for which market quotations are readily available, are valued at the last reported sale price or official closing price on the primary market or exchange on which they are traded and are classified within the Level 1 valuation hierarchy.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 4 — FAIR VALUE MEASUREMENTS (Continued)**

*Private Mutual Fund*

The Master Trust invests in mutual funds for diversification. Investment vehicles include an institutional fund that holds a diversified portfolio of long-duration corporate fixed income investments (Corporate Bond Fund). The Corporate Bond Fund is not traded on a national securities exchange and is valued at NAV, the practical expedient to estimate fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company 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 inputs or methodologies used for valuing investments are not necessarily an indication of the risk associated with investing in those investments.

The following tables present the fair value of investments available to the Plan within the Master Trust and by fair valuation hierarchy:

	Level 1	Level 2	Level 3	Total Fair Value
<b><u>December 31, 2024</u></b>				
Corporate Bonds	\$ -	\$ 64,414,493	\$ -	\$ 64,414,493
U.S. Government Securities	31,415,367	8,253,765	-	39,669,132
International Government Securities	-	1,508,674	-	1,508,674
Asset-Backed Securities	-	368,330	-	368,330
Cash Funds	<u>4,319,367</u>	<u>-</u>	<u>-</u>	<u>4,319,367</u>
	<u>\$ 35,734,734</u>	<u>\$ 74,545,262</u>	<u>\$ -</u>	110,279,996
Private Mutual Fund (1)				<u>16,254,158</u>
Total Assets at Fair Value				<u>\$ 126,534,154</u>

	Level 1	Level 2	Level 3	Total Fair Value
<b><u>December 31, 2023</u></b>				
Corporate Bonds	\$ -	\$ 65,925,837	\$ -	\$ 65,925,837
U.S. Government Securities	32,755,103	7,355,591	-	40,110,694
International Government Securities	-	1,514,774	-	1,514,774
Asset-Backed Securities	-	461,099	-	461,099
Cash Funds	<u>3,854,114</u>	<u>-</u>	<u>-</u>	<u>3,854,114</u>
	<u>\$ 36,609,217</u>	<u>\$ 75,257,301</u>	<u>\$ -</u>	111,866,518
Private Mutual Fund (1)				<u>20,079,716</u>
Total Assets at Fair Value				<u>\$ 131,946,234</u>

- (1) Certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the financial statements.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE 5 — ACCUMULATED PLAN BENEFITS**

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits - participants receiving benefits	\$ 124,524,493
Vested benefits - other participants	<u>11,241,341</u>
	135,765,834
Non-vested benefits	<u>100,960</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 135,866,794</u>

The changes in accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 138,047,208
Change During the Year Attributable to	
Net benefits accumulated and actuarial gains	(550,308)
Decrease in discount period	6,178,025
Benefits paid	(10,784,977)
Change in actuarial assumptions (1)	<u>2,976,846</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 135,866,794</u>

(1) Changes in significant assumptions include 1) change in discount rate from 4.65% to 4.40% and 2) change in plan related expenses from \$900,000 to \$1,000,000.

Significant assumptions underlying the above estimates as of December 31, 2023 are as follows:

Discount rate	4.40%	
Mortality	Pri-2012 Blue Collar Sex-Distinct projected generationally from 2012 with Scale MP-2021	
Retirement	<u>Attained Age</u>	<u>Annual Rate of Retirement</u>
	55-60	4.0%
	61-62	10.0%
	63	20.0%
	64	15.0%
	65	25.0%
	66-69	30.0%
	70+	100.0%
Mine closing dates	All participants recalled and active at the valuation date are assumed to terminate or retire by 2028 due to mine closure.	

The foregoing actuarial assumptions for the Plan is based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the present value of accumulated plan benefits.

**RETIREMENT PLAN FOR ELIGIBLE RETIREES OF PEABODY WESTERN COAL  
COMPANY REPRESENTED BY UNITED MINE WORKERS OF AMERICA  
PURSUANT TO THE KAYENTA RECLAMATION AGREEMENT OF 2024  
NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023**

**NOTE 6 — TAX STATUS**

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 21, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related was exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain their qualification. The Plan was amended subsequent to the issuance of its IRS determination letter. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, as amended, is qualified and tax-exempt.

The Plan is subject to examination by the IRS for the statutory period.

**NOTE 7 — RISKS AND UNCERTAINTIES**

The Master Trust invests in various investment securities, which are exposed to risks such as interest rate, market and credit. 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 amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported 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 assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect amounts reported and disclosed in the financial statements.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	2	0	0	0	0	0	0	0	0	0	2
35-39	0	0	0	1	0	0	0	0	0	0	0	1
40-44	0	1	1	0	0	0	0	0	0	0	0	2
45-49	0	2	1	2	0	0	0	0	0	0	0	5
50-54	0	0	2	0	0	0	0	0	0	0	0	2
55-59	0	0	0	0	0	1	1	0	0	0	0	2
60-64	0	0	1	1	0	0	1	2	1	1	1	7
65-69	0	0	0	0	0	0	0	0	0	1	1	1
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	5	4	0	1	2	2	1	2	22	

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
 EIN / PN: 74-2666822 / 004  
 Plan Sponsor: Peabody Holding Company, LLC  
 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Assumptions and Methods for Contribution Purposes

#### Economic Assumptions

##### Interest rate basis:

- Applicable month                      December
- Interest rate basis                      Full Yield Curve

##### Interest rates

- 10-year rate                              5.07%
- 20-year rate                              5.22%
- 30-year rate                              5.17%
- Effective interest rate                      5.12%

**Plan-related expenses**                      \$1,000,000; administrative expenses expected to be paid from the trust are included in the normal cost

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

#### Demographic Assumptions

**Inclusion date**                              The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees**                      It was assumed there will be no new or rehired employees.

Plan Name:                      Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN:                      74-2666822 / 004  
Plan Sponsor:                      Peabody Holding Company, LLC  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Pre-1995 disabilities** Alternative disabled life mortality in accordance with Revenue Ruling 96-7 for those participants who became disabled before 1995.
- **Post-1994 disabilities** Alternative disabled life mortality in accordance with Revenue Ruling 96-7 for those participants who became disabled after 1994 and are eligible for the Social Security benefit.

## Termination

50% of the small plan 2003 Society of Actuaries Turnover table, based on age.

### Representative Termination Rates

Percentage leaving during the year	
Attained Age	Percentage
20	12.15%
25	9.75%
30	7.75%
35	6.05%
40	4.70%
45	3.65%
50	2.80%
55	2.10%
60	1.50%
64	1.05%

## Disability

15% of the 1985 Pension Disability Table Class - Four.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

**Retirement**

Rates varying by age, average age of 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Percentage
55-60	4%
61-62	10%
63	20%
64	15%
65	25%
66-69	30%
70	100%

**Mine closing dates**

The dates mines are expected to close are based on information received from Peabody. All participants active at the valuation date are assumed to terminate or retire by 2028 due to mine closure.

**Unpredictable Contingent Event Benefit (UCEB) assumptions**

Likelihood of event is de minimis.

**Benefit commencement date:**

- Preretirement death benefit      The later of death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit            The later of age 58 or termination of employment
- Retirement benefit                    Upon termination of employment
- Disability benefit                      Upon disablement

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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# SCHEDULE SB ATTACHMENTS

Form of payment	Single Life	50% J&S	75% J&S
• Active retirement	25%	0%	75%
Current and future vested deferred			
Under 20 years of service	100%	0%	0%
Over 20 years of service	25%	0%	75%
• Future disabilities	25%	0%	75%
Future deaths			
Under 20 years of service	0%	100%	0%
Over 20 years of service	0%	0%	100%

**Percent married** 75% of males; 75% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

**Spouse age** Wife three years younger than husband.

**At-risk assumptions** For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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 Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Actuarial value of assets for determining minimum required contributions</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
<b>Benefits not valued</b>	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Peabody and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN: 74-2666822 / 004  
Plan Sponsor: Peabody Holding Company, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Sources of Data and Other Information

The plan sponsor (through its third-party administrator) furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- If missing beneficiary gender or birth date, assume opposite gender of the participant and spousal age assumption as detailed herein the Demographic Assumptions section.
- Prior year valuation information was used if current benefit was not provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Plan-related expenses</b>	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
<b>Assumed return for asset smoothing</b>	The assumed return of 4.65% used for asset smoothing is the expected return on assets assumption chosen by the client with the help of their asset advisers for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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Plan Sponsor: Peabody Holding Company, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Termination rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Retirement</b>	Retirement rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

## Source of Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN: 74-2666822 / 004  
Plan Sponsor: Peabody Holding Company, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest base mortality table and mortality improvement scale, as required by guidance issued by IRS under IRC §430, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The full corporate bond yield curve used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$900,000 for the prior valuation to \$1,000,000 for the current valuation.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN: 74-2666822 / 004  
Plan Sponsor: Peabody Holding Company, LLC  
Valuation Date: January 1, 2024

SCHEDULE SB (Form 5500)

Single-Employer Defined Benefit Plan Actuarial Information

OMB No. 1210-0110

2024

Department of the Treasury Internal Revenue Service, Department of Labor Employee Benefits Security Administration, Pension Benefit Guaranty Corporation

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

File as an attachment to Form 5500 or 5500-SF.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

Form fields for Plan Name, Plan Sponsor, Plan Type, and Employer ID.

Part I Basic Information

Main actuarial data table with columns for Assets, Funding target/participant count breakdown, and Target normal cost.

Statement by Enrolled Actuary: To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate.

Signature and contact information section for the actuary and the firm.

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

**a** Segment rates: 

1st segment: %	2nd segment: %	3rd segment: %
-------------------	-------------------	-------------------

 N/A, full yield curve used

**b** Applicable month (enter code)..... **21b**

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

**28** Unpaid minimum required contributions for all prior years ..... **28** 0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

**a** Target normal cost (line 6c)..... **31a** 1,134,504

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

32 Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....	9,723,525	951,822
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 2,086,326

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	2,086,326	2,086,326

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 4,755,809

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 4,755,809

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 2,086,326

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Peabody Holding Company, LLC
<b>EIN/PN</b>	74-2666822 / 004
<b>Plan Name</b>	Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Elizabeth A. Reid
<b>Enrollment Number</b>	23-07848

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	4%	100,000	4,000	220,000
56	4%	96,000	3,840	215,040
57	4%	92,160	3,686	210,125
58	4%	88,474	3,539	205,259
59	4%	84,935	3,397	200,446
60	4%	81,537	3,261	195,689
61	10%	78,276	7,828	477,482
62	10%	70,448	7,045	436,779
63	20%	63,403	12,681	798,883
64	15%	50,723	7,608	486,938
65	25%	43,114	10,779	700,607
66	30%	32,336	9,701	640,247
67	30%	22,635	6,791	454,964
68	30%	15,845	4,753	323,228
69	30%	11,091	3,327	229,587
70	100%	7,764	7,764	543,467
			100,000	6,338,740
				/ 100,000
			Weighted Average Retirement Age:	63

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN: 74-2666822 / 004  
Plan Sponsor: Peabody Holding Company, LLC  
Valuation Date: January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Assumptions and Methods for Contribution Purposes

#### Economic Assumptions

##### Interest rate basis:

- Applicable month                      December
- Interest rate basis                      Full Yield Curve

##### Interest rates

- 10-year rate                              5.07%
- 20-year rate                              5.22%
- 30-year rate                              5.17%
- Effective interest rate                5.12%

**Plan-related expenses**                      \$1,000,000; administrative expenses expected to be paid from the trust are included in the normal cost

As permitted by law, a yield curve reflecting returns on high quality corporate bonds (A, AA and AAA) is used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are prescribed by law and reflect current market conditions (specifically, the average market conditions for the month preceding the valuation date) they may from time to time be inconsistent with other economic assumptions used in the valuation, which may reflect both current economic conditions and assumed future conditions.

#### Demographic Assumptions

**Inclusion date**                                      The valuation date coincident with or next following the date on which the employee becomes a participant.

**New or rehired employees**                      It was assumed there will be no new or rehired employees.

Plan Name:                      Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
EIN / PN:                        74-2666822 / 004  
Plan Sponsor:                      Peabody Holding Company, LLC  
Valuation Date:                      January 1, 2024

# SCHEDULE SB ATTACHMENTS

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## Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Pre-1995 disabilities** Alternative disabled life mortality in accordance with Revenue Ruling 96-7 for those participants who became disabled before 1995.
- **Post-1994 disabilities** Alternative disabled life mortality in accordance with Revenue Ruling 96-7 for those participants who became disabled after 1994 and are eligible for the Social Security benefit.

## Termination

50% of the small plan 2003 Society of Actuaries Turnover table, based on age.

### Representative Termination Rates

Percentage leaving during the year	
Attained Age	Percentage
20	12.15%
25	9.75%
30	7.75%
35	6.05%
40	4.70%
45	3.65%
50	2.80%
55	2.10%
60	1.50%
64	1.05%

## Disability

15% of the 1985 Pension Disability Table Class - Four.

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**Retirement**

Rates varying by age, average age of 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Percentage
55-60	4%
61-62	10%
63	20%
64	15%
65	25%
66-69	30%
70	100%

**Mine closing dates**

The dates mines are expected to close are based on information received from Peabody. All participants active at the valuation date are assumed to terminate or retire by 2028 due to mine closure.

**Unpredictable Contingent Event Benefit (UCEB) assumptions**

Likelihood of event is de minimis.

**Benefit commencement date:**

- Preretirement death benefit      The later of death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit            The later of age 58 or termination of employment
- Retirement benefit                    Upon termination of employment
- Disability benefit                        Upon disablement

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Form of payment	Single Life	50% J&S	75% J&S
• Active retirement	25%	0%	75%
Current and future vested deferred			
Under 20 years of service	100%	0%	0%
Over 20 years of service	25%	0%	75%
• Future disabilities	25%	0%	75%
Future deaths			
Under 20 years of service	0%	100%	0%
Over 20 years of service	0%	0%	100%

**Percent married** 75% of males; 75% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

**Spouse age** Wife three years younger than husband.

**At-risk assumptions** For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

**Timing of benefit payments** Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Actuarial value of assets for determining minimum required contributions</b>	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).
<b>Benefits not valued</b>	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Peabody and, based on that review, is not aware of any significant benefits required to be valued that were not.

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## Sources of Data and Other Information

The plan sponsor (through its third-party administrator) furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- If missing beneficiary gender or birth date, assume opposite gender of the participant and spousal age assumption as detailed herein the Demographic Assumptions section.
- Prior year valuation information was used if current benefit was not provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

### Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

### Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

### Assumed return for asset smoothing

The assumed return of 4.65% used for asset smoothing is the expected return on assets assumption chosen by the client with the help of their asset advisers for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

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## Assumptions Rationale - Significant Demographic Assumptions

<b>Healthy mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Disabled mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	Termination rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
<b>Retirement</b>	Retirement rates were based on an experience study conducted in 2017, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

## Source of Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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## Changes in Assumptions and Methods

### Change in assumptions and methods since prior valuation

- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest base mortality table and mortality improvement scale, as required by guidance issued by IRS under IRC §430, and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The full corporate bond yield curve used to calculate the funding target and target normal cost was updated to the current valuation date as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from \$900,000 for the prior valuation to \$1,000,000 for the current valuation.

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was restated in its entirety effective January 1, 2014.

#### Covered employees

Any employee of the Company or Participating Company who is represented by the United Mine Workers of America and is covered by the Western Surface Agreement of 2013, as updated by the Kayenta Reclamation Agreement of 2020 between Peabody Western Coal Company and International Union, United Mine Workers of America, effective November 1, 2020, is eligible to participate in the plan.

#### Participation date

First of month coinciding with or following one year of service with at least 870 hours or one year of vesting service.

### Definitions

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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**Reciprocal service**

Service with another Company which also recognized service with Peabody as Reciprocal Service.

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**Non-signatory past service**

Certain specified service in the coal industry prior to the effective date of the plan, which was not covered by an applicable wage agreement.

**Vesting service**

Vesting Service is credited on the basis of hours worked with 870 hours needed for a year of Vesting Service (or if a signatory employer credits Vesting Service on the basis of hours of service, 1,000 hours of service is needed for a year of Vesting Service). Vesting Service is also granted for specified period of service prior to January 1, 1978.

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## **Credited service**

Service with Peabody after the effective date of the plan plus service under an applicable wage agreement in the coal industry if employed by Peabody on the effective date. Prior to May 12, 1992, service is credited on the basis of  $\frac{1}{4}$  year for every 312 hours in year, to a maximum of one year of Credited Service per calendar year. Effective May 12, 1992, service is credited on the basis of  $\frac{1}{4}$  year for every 250 hours in a year, to a maximum of one year of Credited Service per calendar year.

Only Nonsignatory Past Service and Credited Service are used in computing the amount of a benefit, although all service is used in determining eligibility for a benefit.

## **Normal retirement date (NRD)**

The first of the month coincident with or next following the earlier of (a) the participant's 62nd birthday and the completion of either five years of Vesting Service or at least 20 total years of Credited Service, Reciprocal Service and Nonsignatory Past Service and (b) the later of the participant's 65th birthday and the completion of five years of participation in the plan (including the 1974 Union Pension Plans).

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## Monthly pension benefit

- Effective September 16, 2013  
The monthly amount of pension allowance is equal to the sum of (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) and (l) below:
  - a) \$7.50 multiplied by years of Nonsignatory Past Service
  - b) A specific amount per year of Credited Service earned prior to January 1, 1989 according to the following schedule:

<u>Total Years of Credited Service and Reciprocal Service</u>	<u>Monthly Pension per Years of Credited Service</u>
First 10 years	\$42.50
Second 10 years	\$43.00
Third 10 years	\$43.50
In excess of 30 years	\$44.00
  - c) Service from 1/1/1989 to 1/1/1990 \$50.00
  - d) Service from 1/1/1990 to 1/1/1994 \$54.50
  - e) Service from 1/1/1994 to 9/2/2007 \$57.50
  - f) Service from 9/2/2007 to 9/16/2013 \$59.50
  - g) Service from 9/16/2013 to 9/16/2014 \$60.50
  - h) Service from 9/16/2014 to 9/16/2015 \$61.50
  - i) Service from 9/16/2015 to 9/16/2016 \$62.50
  - j) Service from 9/16/2016 to 9/16/2017 \$63.50
  - k) Service from 9/16/2017 to 9/16/2018 \$64.50
  - l) Service beginning 9/16/2018 \$65.50
- Monthly preretirement death benefit  
75% of the monthly pension benefit as of the date of death if retired, deferred vested with at least 20 years of Credited, Reciprocal, and/or Nonsignatory Past Service who had commenced benefits, eligible to commence benefits with at least 20 years of Credited Service, Reciprocal Service, and/or Nonsignatory Past Service, or eligible for an immediate pension or disability benefit. Otherwise, if vested, 50% joint and survivor benefit actuarially equivalent to a single life annuity at the later of participants' age 55 or date of death.

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## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD.
<b>Early retirement</b>	An employee may elect to retire early if he has attained his 55th birthday and has completed either (a) 10 or more Years of Vesting Service or (b) 20 or more total years of Credited Service, Reciprocal Service and Non-signatory Past Service.
<b>Postponed retirement</b>	Retirement after NRD.
<b>Vested termination</b>	Termination for reasons other than death or retirement before age 55 but after completing at least five years of Vesting Service or at least 20 years of Credited Service, Reciprocal Service and/or Non-signatory Past Service.
<b>Disability</b>	Permanent and total disability as a result of a mining accident prior to NRD, and participant is eligible for Social Security Disability Insurance Benefits.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	Monthly pension benefit determined as of NRD.
<b>Early retirement</b>	Monthly pension benefit based on service at Early Retirement Date, reduced by $\frac{1}{4}$ of 1% for each month by which the commencement of benefits precedes age 62.
<b>Postponed retirement</b>	Monthly pension benefit determined as of actual retirement date.

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**Vested termination** A participant may also elect a pension commencing at age 55 based on his accrued pension actuarially reduced. If he has at least 20 total years of Credited Service and Reciprocal Service, the reduced pension cannot be less than \$150.00 times the ratio of his Credited Service to the total of Credited Service and Reciprocal Service. The benefit will be based on Service at the time of actual termination. The benefit will be reduced, from age 62 for any eligible date prior, by the actuarial equivalence of 6.50% and the RP-2000 Mortality Table with a Unisex Mix weighting 85% male/15% female.

**Disablement** The larger of a monthly benefit calculated as for normal retirement and \$150.00.

**Preretirement death** Preretirement death benefit determined as of date of death.

**Special permanent layoff pension** If on or after August 31, 2000, a participant ceases performing classified work and meets the following criteria:

- 1) Has 20 years of signatory service on his date last worked and was less than age 55; and
- 2) Either:
  - a) has been permanently laid off under circumstances in which the employer has permanently closed the mine, or
  - b) has been permanently laid off,

then the participant will be eligible to receive a pension equal to the accrued benefit and calculated as if the participant were then age 55.

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## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an unreduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, or (for married participants) a life annuity. Actuarial equivalence is 7.50% interest and the 1984 Unisex Pension Mortality Table. Participants with an accrued benefit on October 31, 2006 commencing on or after November 1, 2006 receive the larger of benefits computed on the above basis or 6.50% and RP-2000 mortality table weighted 85% male/15% female for participants and 85% female/15% male for beneficiaries.
<b>Pension increases</b>	None
<b>Plan participants' contributions</b>	None
<b>Maximum on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

## Future Plan Changes

WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$900,000 for the prior valuation to \$1,000,000 for the current valuation.

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## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	2	0	0	0	0	0	0	0	0	0	2
35-39	0	0	0	1	0	0	0	0	0	0	0	1
40-44	0	1	1	0	0	0	0	0	0	0	0	2
45-49	0	2	1	2	0	0	0	0	0	0	0	5
50-54	0	0	2	0	0	0	0	0	0	0	0	2
55-59	0	0	0	0	0	1	1	0	0	0	0	2
60-64	0	0	1	1	0	0	1	2	1	1	1	7
65-69	0	0	0	0	0	0	0	0	0	1	1	1
70 & over	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	5	4	0	1	2	2	1	2	22	

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(3,408,710)	15.00000	(3,408,710)	(313,677)
2. Shortfall	01/01/2023	13,734,022	14.00000	13,132,235	1,265,499
Total				9,723,525	951,822

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## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Peabody Holding Company, LLC
<b>EIN/PN</b>	74-2666822 / 004
<b>Plan Name</b>	Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024
<b>Valuation Date</b>	January 1, 2024
<b>Enrolled Actuary</b>	Elizabeth A. Reid
<b>Enrollment Number</b>	23-07848

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

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## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	4%	100,000	4,000	220,000
56	4%	96,000	3,840	215,040
57	4%	92,160	3,686	210,125
58	4%	88,474	3,539	205,259
59	4%	84,935	3,397	200,446
60	4%	81,537	3,261	195,689
61	10%	78,276	7,828	477,482
62	10%	70,448	7,045	436,779
63	20%	63,403	12,681	798,883
64	15%	50,723	7,608	486,938
65	25%	43,114	10,779	700,607
66	30%	32,336	9,701	640,247
67	30%	22,635	6,791	454,964
68	30%	15,845	4,753	323,228
69	30%	11,091	3,327	229,587
70	100%	7,764	7,764	543,467
			100,000	6,338,740
				/ 100,000
			Weighted Average Retirement Age:	63

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The plan was restated in its entirety effective January 1, 2014.

#### Covered employees

Any employee of the Company or Participating Company who is represented by the United Mine Workers of America and is covered by the Western Surface Agreement of 2013, as updated by the Kayenta Reclamation Agreement of 2020 between Peabody Western Coal Company and International Union, United Mine Workers of America, effective November 1, 2020, is eligible to participate in the plan.

#### Participation date

First of month coinciding with or following one year of service with at least 870 hours or one year of vesting service.

### Definitions

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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**Reciprocal service**

Service with another Company which also recognized service with Peabody as Reciprocal Service.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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**Non-signatory past service**

Certain specified service in the coal industry prior to the effective date of the plan, which was not covered by an applicable wage agreement.

**Vesting service**

Vesting Service is credited on the basis of hours worked with 870 hours needed for a year of Vesting Service (or if a signatory employer credits Vesting Service on the basis of hours of service, 1,000 hours of service is needed for a year of Vesting Service). Vesting Service is also granted for specified period of service prior to January 1, 1978.

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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## **Credited service**

Service with Peabody after the effective date of the plan plus service under an applicable wage agreement in the coal industry if employed by Peabody on the effective date. Prior to May 12, 1992, service is credited on the basis of  $\frac{1}{4}$  year for every 312 hours in year, to a maximum of one year of Credited Service per calendar year. Effective May 12, 1992, service is credited on the basis of  $\frac{1}{4}$  year for every 250 hours in a year, to a maximum of one year of Credited Service per calendar year.

Only Nonsignatory Past Service and Credited Service are used in computing the amount of a benefit, although all service is used in determining eligibility for a benefit.

## **Normal retirement date (NRD)**

The first of the month coincident with or next following the earlier of (a) the participant's 62nd birthday and the completion of either five years of Vesting Service or at least 20 total years of Credited Service, Reciprocal Service and Nonsignatory Past Service and (b) the later of the participant's 65th birthday and the completion of five years of participation in the plan (including the 1974 Union Pension Plans).

Plan Name: Retirement Plan for Employees of Peabody Western Coal Company Represented by United Mine Workers of America Pursuant to the Kayenta Reclamation Agreement of 2024  
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## Monthly pension benefit

- Effective September 16, 2013  
The monthly amount of pension allowance is equal to the sum of (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k) and (l) below:
  - a) \$7.50 multiplied by years of Nonsignatory Past Service
  - b) A specific amount per year of Credited Service earned prior to January 1, 1989 according to the following schedule:

<u>Total Years of Credited Service and Reciprocal Service</u>	<u>Monthly Pension per Years of Credited Service</u>
First 10 years	\$42.50
Second 10 years	\$43.00
Third 10 years	\$43.50
In excess of 30 years	\$44.00
  - c) Service from 1/1/1989 to 1/1/1990 \$50.00
  - d) Service from 1/1/1990 to 1/1/1994 \$54.50
  - e) Service from 1/1/1994 to 9/2/2007 \$57.50
  - f) Service from 9/2/2007 to 9/16/2013 \$59.50
  - g) Service from 9/16/2013 to 9/16/2014 \$60.50
  - h) Service from 9/16/2014 to 9/16/2015 \$61.50
  - i) Service from 9/16/2015 to 9/16/2016 \$62.50
  - j) Service from 9/16/2016 to 9/16/2017 \$63.50
  - k) Service from 9/16/2017 to 9/16/2018 \$64.50
  - l) Service beginning 9/16/2018 \$65.50
- Monthly preretirement death benefit  
75% of the monthly pension benefit as of the date of death if retired, deferred vested with at least 20 years of Credited, Reciprocal, and/or Nonsignatory Past Service who had commenced benefits, eligible to commence benefits with at least 20 years of Credited Service, Reciprocal Service, and/or Nonsignatory Past Service, or eligible for an immediate pension or disability benefit. Otherwise, if vested, 50% joint and survivor benefit actuarially equivalent to a single life annuity at the later of participants' age 55 or date of death.

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## Eligibility for Benefits

<b>Normal retirement</b>	Retirement on NRD.
<b>Early retirement</b>	An employee may elect to retire early if he has attained his 55th birthday and has completed either (a) 10 or more Years of Vesting Service or (b) 20 or more total years of Credited Service, Reciprocal Service and Non-signatory Past Service.
<b>Postponed retirement</b>	Retirement after NRD.
<b>Vested termination</b>	Termination for reasons other than death or retirement before age 55 but after completing at least five years of Vesting Service or at least 20 years of Credited Service, Reciprocal Service and/or Non-signatory Past Service.
<b>Disability</b>	Permanent and total disability as a result of a mining accident prior to NRD, and participant is eligible for Social Security Disability Insurance Benefits.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	Monthly pension benefit determined as of NRD.
<b>Early retirement</b>	Monthly pension benefit based on service at Early Retirement Date, reduced by $\frac{1}{4}$ of 1% for each month by which the commencement of benefits precedes age 62.
<b>Postponed retirement</b>	Monthly pension benefit determined as of actual retirement date.

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**Vested termination** A participant may also elect a pension commencing at age 55 based on his accrued pension actuarially reduced. If he has at least 20 total years of Credited Service and Reciprocal Service, the reduced pension cannot be less than \$150.00 times the ratio of his Credited Service to the total of Credited Service and Reciprocal Service. The benefit will be based on Service at the time of actual termination. The benefit will be reduced, from age 62 for any eligible date prior, by the actuarial equivalence of 6.50% and the RP-2000 Mortality Table with a Unisex Mix weighting 85% male/15% female.

**Disablement** The larger of a monthly benefit calculated as for normal retirement and \$150.00.

**Preretirement death** Preretirement death benefit determined as of date of death.

**Special permanent layoff pension** If on or after August 31, 2000, a participant ceases performing classified work and meets the following criteria:

- 1) Has 20 years of signatory service on his date last worked and was less than age 55; and
- 2) Either:
  - a) has been permanently laid off under circumstances in which the employer has permanently closed the mine, or
  - b) has been permanently laid off,

then the participant will be eligible to receive a pension equal to the accrued benefit and calculated as if the participant were then age 55.

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## Other Plan Provisions

<b>Forms of payment</b>	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an unreduced 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, or (for married participants) a life annuity. Actuarial equivalence is 7.50% interest and the 1984 Unisex Pension Mortality Table. Participants with an accrued benefit on October 31, 2006 commencing on or after November 1, 2006 receive the larger of benefits computed on the above basis or 6.50% and RP-2000 mortality table weighted 85% male/15% female for participants and 85% female/15% male for beneficiaries.
<b>Pension increases</b>	None
<b>Plan participants' contributions</b>	None
<b>Maximum on benefits and pay</b>	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

## Future Plan Changes

WTW is not aware of any future plan changes which are required to be reflected.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2024**

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(3,408,710)	15.00000	(3,408,710)	(313,677)
2. Shortfall	01/01/2023	13,734,022	14.00000	13,132,235	1,265,499
Total				9,723,525	951,822

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## Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed plan-related expenses added to the target normal cost were changed from \$900,000 for the prior valuation to \$1,000,000 for the current valuation.

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