

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 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.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>PENSION PLAN OF NEWMONT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NEWMONT USA LIMITED</u></p> <p><u>6900 E LAYTON AVE</u> <u>SUITE 700</u> <u>DENVER, CO 80237-3617</u></p>	<p>1c Effective date of plan <u>01/01/1946</u></p> <p>2b Employer Identification Number (EIN) <u>13-2526632</u></p> <p>2c Plan Sponsor's telephone number <u>303-863-7414</u></p> <p>2d Business code (see instructions) <u>212200</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	JOSHUA CAGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	837
	6a(2)	822
	6b	202
	6c	1078
	6d	2102
	6e	74
	6f	2176
	6g(1)	
	6g(2)	
h	6h	35
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>PENSION PLAN OF NEWMONT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NEWMONT USA LIMITED</u>	D Employer Identification Number (EIN) <u>13-2526632</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>280213205</u>
	b Actuarial value	2b	<u>308234526</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>223</u>	<u>38833283</u>
	b For terminated vested participants	<u>1185</u>	<u>105341099</u>
	c For active participants	<u>837</u>	<u>70924927</u>
	d Total	<u>2245</u>	<u>215099309</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>9986290</u>
	b Expected plan-related expenses	6b	<u>618000</u>
	c Target normal cost	6c	<u>10604290</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.

SIGN HERE			
	Signature of actuary	<u>09/30/2025</u>	Date
	<u>AMY ELIZABETH AYRES</u>	<u>23-06594</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>212-309-3400</u>	Telephone number (including area code)
	<u>200 LIBERTY STREET NEW YORK, NY 10281</u>		
	Address of 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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	121759819
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	14591832
9	Amount remaining (line 7 minus line 8)	0	107167987
10	Interest on line 9 using prior year's actual return of <u>11.22</u> %	0	12024248
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	119192235

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.27 %
15	Adjusted funding target attainment percentage	15	110.39 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.36 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(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		
			Totals ▶	18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	c 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	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 Demographic and benefit information		
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	10604290	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	40735172	3895914	
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	14500204	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	14500204	14500204
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN OF NEWMONT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWMONT USA LIMITED	D Employer Identification Number (EIN) 13-2526632	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

RUSSEL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	911749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	436013	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAUSEY DEMGEN & MOORE PC

84-1158905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16275	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET RETIREE SERVICES

04-3581074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	2274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: CAUSEY DEMGEN & MOORE PC	b EIN: 84-1558905
c Position: ACCOUNTANT	
d Address: 1099 18TH STREET SUITE 2300 DENVER, CO 80202	e Telephone: +33032962229

Explanation: CHANGE IN FIRM DUE TO ACQUISITION OF CAUSEY DEMGEN & MOORE PC IN 2024.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PENSION PLAN OF NEWMONT</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NEWMONT USA LIMITED</u>	D Employer Identification Number (EIN) <u>13-2526632</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INCOME II</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10559238</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND SERIES</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-033</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20081623</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13270936</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18608646</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WORLD EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54021339</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>10-15 YEAR STRIPS FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>26-6609096-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30443613</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>25+ YEAR STRIPS FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>RUSSELL INVESTMENTS TRUST COMPANY</u>		
c EIN-PN <u>26-6609096-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39006125</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: 14 YEAR FIXED INCOME FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 26-6609096-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47800087
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a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENT INSTITUTIONAL FUND LLC

c EIN-PN 32-0245912-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11428898
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a Name of MTIA, CCT, PSA, or 103-12 IE: MARKETABLE REAL ASSET FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-077	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13299751
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE EQUITY FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

c EIN-PN 91-1117282-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11401499
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN OF NEWMONT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWMONT USA LIMITED	D Employer Identification Number (EIN) 13-2526632

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	526979	1115846
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	258492857
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	11428898
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	279686227	1

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	280213206	271037602
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	210996	229095
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	210996	229095
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	280002210	270808507

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7119208
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		876778
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		424853
d Total income. Add all income amounts in column (b) and enter total	2d		8420839

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16024112	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		16024112
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2274	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16275	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	911749	
(7) Actuarial fees	2i(7)	436013	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	224119	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1590430
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17614542

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9193703
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552683.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN OF NEWMONT	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWMONT USA LIMITED	D Employer Identification Number (EIN) 13-2526632	

Part I	Distributions
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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
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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): 91-1116938

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	63
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 43.2 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 43.4 %
 High-Yield Debt: 4.2 % Real Assets: 9.2 % Cash or Cash Equivalents: _____ % Other: 0.0 %

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 _____.

Pension Plan of Newmont

Financial Statements
and Supplemental Schedule
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Pension Plan of Newmont

Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

Pension Plan of Newmont

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Supplemental Schedule

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Note: Other schedule required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Independent Auditor's Report

The Participants and Administrator
Pension Plan of Newmont
Denver, Colorado

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit on the 2024 Financial Statements

We have performed audits of the financial statements of Pension Plan of Newmont Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2024 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2024 Financial Statements* section of our report:

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The certified investment information in the accompanying 2024 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2024 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 2024 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2024 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.



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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 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 GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2024 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental Schedule H (Form 5500), Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the 2024 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2024 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2024 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2024 financial statements or to the 2024 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.



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

In our opinion:

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

Other Matter – Auditor's Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 15, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 3, 2025

Financial Statements

Pension Plan of Newmont

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments, at fair value	\$ 269,921,756	\$ 279,686,227
Accrued investment income receivable	1,115,846	526,979
Total Assets	271,037,602	280,213,206
Liabilities		
Accrued administrative expenses	229,095	210,996
Total Liabilities	229,095	210,996
Net Assets Available for Benefits	\$ 270,808,507	\$ 280,002,210

See accompanying notes to financial statements.

Pension Plan of Newmont

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Net appreciation in the fair value of investments	\$ 7,995,986	\$ 29,832,582
Employer contributions	-	-
Other income	424,853	421,535
Total Additions	8,420,839	30,254,117
Deductions		
Benefits paid to participants	16,024,112	24,173,528
Administrative expenses	1,590,430	1,574,603
Total Deductions	17,614,542	25,748,131
Net Change in Net Assets	(9,193,703)	4,505,986
Net Assets Available for Benefits, beginning of year	280,002,210	275,496,224
Net Assets Available for Benefits, end of year	\$ 270,808,507	\$ 280,002,210

See accompanying notes to financial statements.

Pension Plan of Newmont

Notes to Financial Statements

1. Description of the Plan

The following description of the Pension Plan of Newmont (the Plan) is provided for general purposes only. Participants and all others should refer to the Plan document for certain limitations and more complete information.

General

The Plan is a defined benefit pension plan covering substantially all salaried employees of Newmont USA Ltd (the Company), and certain of its related companies designated as participating employers under the Plan by the Company's Board of Directors. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective July 1, 2019, the Company established a joint venture with Barrick Gold Corporation (Barrick) that combined certain mining operations and assets located in Nevada. The active participants who experienced a termination of employment with the Company as a result of the formation of the joint venture who were not yet vested under the Plan became fully vested in their benefits. Effective January 1, 2020, the Plan was amended to allow for unlimited lump sum distributions. All terminated employees who had not yet commenced their benefit were given the lump sum option.

Effective December 31, 2020, accrued benefits attributable to the remaining participants of the Pension Plan for Hourly-Rated Employees of Newmont (the Hourly-Rated Plan) were fully transferred into this Plan. The Hourly-Rated Plan was also amended on January 1, 2020, to allow for unlimited lump sum distributions. All accrued benefits attributable to the remaining participants who were in payment status (retirees) or who did not elect the lump sum distribution were transferred to the Plan. All Hourly-Rated Plan participants were previously terminated and became fully vested. As a result of the merger, the Plan was amended to ensure the protection of benefits of participants whose accrued benefits were transferred to the Plan from the Hourly-Rated Plan and the continuation of certain provisions applicable to the transferred accrued benefits. Prior to the merger, all plan assets were held for both plans in the Newmont Mining Corporation Master Pension Trust (the Master Trust) and allocated to each plan. Upon merger, all plan assets of the Hourly-Rated plan were merged into the Plan and the Master Trust was discontinued.

The Plan is administered by the Company's Administrative Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Administrative Committee.

Funding Policy

The Company's annual contributions to the Plan are: (i) based upon calculations prepared by the Plan's consulting actuary using the unit credit actuarial cost method; (ii) in such amounts as are considered necessary to maintain the Plan in sound condition; and (iii) consistent with the minimum funding requirements of ERISA and the maximum contribution permitted by the Internal Revenue Service (IRS). For the years ended December 31, 2024 and 2023, all required contributions were satisfied with the pre-funded balances, and therefore, there were no contributions due to the Plan.

Pension Plan of Newmont

Notes to Financial Statements

Vesting and Payment of Benefits

All active salaried employees of the Company who are citizens of the United States of America and not classified as a contract or leased employee, are eligible to accrue benefits under the Plan. A participant is fully vested after five years of credited service or if the Company experiences a change of control.

For active fully vested participants who terminate or retire on or after January 1, 1990, the normal retirement age is 62. For those participants, the Plan permits early retirement at ages 55 to 61 with ten or more years of credited service.

Prior to July 1, 2014, the monthly pension benefit under the final average pay formula was calculated as (i) 1.75% of the participant's average monthly salary; minus (ii) 1.25% of the participant's primary Social Security Benefit in effect at retirement; times (iii) years of credited service with the Company, subject to certain limitations. A participant's monthly pension benefit may be reduced based on the participant's eligibility to receive benefits as further prescribed in the Plan document.

In addition, effective January 1, 2008, those participants who became eligible for the Plan prior to 2007 have a one-time election between having their benefit determined as a stable value benefit, as defined, or under the final average pay formula. An employee who was hired, rehired, or transferred into a U.S. salaried position on or after January 1, 2007 will become a participant under the stable value formula after completing one year of service. The normal retirement age under the stable value formula is age 65. A fully vested participant's stable value benefit shall be expressed as a lump sum as of normal retirement age and may be paid in the form of a lump sum or other optional form as soon as administratively possible after their date of termination. The benefit may be reduced based on the participant's age.

Effective July 1, 2014, the Company, in its capacity as Plan Sponsor froze the final average pay benefit formula with no future accruals and no increases to the final average compensation. Participants under the Plan will receive transition credits based on their points (age plus service) at July 1, 2014. The transition credits will accrue each year until termination or retirement. Each year, a stable value participant will accrue benefits based upon the participant's full years of service as of the end of the Plan year and their salary for the Plan year. The amount accrued each year will be equal to the following:

Full Years of Service Completed by End of Plan Year	% of Salary Up to and Including the Social Security Wage Base (%)	% of Salary Over the Social Security Wage Base (%)
0-9	13	21
10-19	15	23
20+	17	25

The stable value retirement benefit, as of a given date, is the sum of all the amounts accrued for each year of service earned by a stable value participant.

On or after January 1, 2016, the Plan will, without the participant's or beneficiary's consent, distribute a participant's benefit if the present value of such participant's benefit does not exceed

Pension Plan of Newmont

Notes to Financial Statements

\$5,000. In addition, if the present value of a participant's benefit attributable to the final average pay formula is between \$5,000 and \$50,000, the Plan can make a lump sum distribution under certain circumstances. Effective January 1, 2020, the Plan was amended to allow for unlimited lump sum distributions. Effective January 1, 2024, the automatic distribution threshold was increased from \$5,000 to \$7,000.

All married participants will receive their pension benefits in the form of a joint and survivor annuity unless their spouse consents by written notification to another form of benefit. The Plan also provides certain death and disability benefits under certain conditions as further prescribed in the Plan document.

On or after January 1, 2016, the Hourly-Rated Plan will, without the participant's or beneficiary's consent, distribute a participant's aggregate pension payments if the value of such participant's aggregate pension payments does not exceed \$5,000. In addition, if the participant's aggregate pension payments are between \$5,000 and \$50,000, the Hourly-Rated Plan can make a lump sum distribution under certain circumstances. Effective January 1, 2020, the Hourly-Rated Plan was amended to allow for unlimited lump sum distributions.

Married participants who participated in the Hourly-Rated Plan will receive their pension benefits in the form of a joint survivor annuity unless their spouse consents by written notification to another form of benefits. The Hourly-Rated Plan permits early retirement at age 55 to 64 for those participants with ten or more years of service. The Hourly-Rated Plan also provides certain death and disability benefits under certain conditions as further prescribed in the Hourly-Plan document.

The above provisions of the Hourly-Rated Plan are preserved under the Plan for accrued benefits attributable to participants who participated in the Hourly-Rated Plan.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying Plan's financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the actuarial present value of accumulated benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period and, when applicable, the disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated Plan benefits are 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 estimations

Pension Plan of Newmont

Notes to Financial Statements

and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the amounts reported in the financial statements and accompanying notes.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and trustee. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Group Annuity Contracts

Effective March 25, 2022, the Company executed an annuitization to transfer a portion of the plan obligations to an insurance company using plan assets in the amount of \$540,806,704. As a result of change in market value, \$524,772,519 of the plan assets were transferred to the annuity provider.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses of the Plan

Investment management fees, trustee fees, actuary, auditing, and certain administrative fees (collectively, administrative expenses) that are directly related to the Plan are paid by the Plan and are reflected in administrative expenses in the accompanying statements of changes in net assets available for benefits. All other expenses of the Plan are paid by the Company and are excluded from these financial statements.

3. Actuarial Valuation

Accumulated benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits was determined by Willis Towers Watson, consulting actuary, by applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Pension Plan of Newmont

Notes to Financial Statements

The following table presents the components of the Plan's accumulated benefits and the related changes in accumulated benefits:

December 31, 2023

Vested accumulated benefits:	
Active participants	\$ 57,680,827
Participants with deferred benefits	83,915,204
Participants receiving benefits	33,046,766
Total Vested Accumulated Benefits	174,642,797
Non-vested accumulated benefits	11,830,463
Total Actuarial Present Value of Accumulated Benefits	\$ 186,473,260
Actuarial Present Value of Accumulated Benefits, December 31, 2022	\$ 200,661,733
Increase (decrease) during the year attributed to:	
Benefits accumulated	8,223,571
Actuarial losses (gains)	4,679,642
Decrease in the discount period	12,791,905
Benefits paid	(24,173,528)
Assumption changes	(15,710,063)
Net Increase (Decrease)	(14,188,473)
Total Actuarial Present Value of Accumulated Benefits, December 31, 2023	\$ 186,473,260

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 were as follows:

Actuarial cost method:	Unit credit actuarial cost method
Normal retirement age:	65 and five years of participation
Mortality:	2024 and 2023: Pri-2012 White Collar Nondisabled Mortality tables for males and females projected forward from 2012 with Scale MP-2021 for salaried participants; Pri-2012 Blue Collar Nondisabled Mortality tables for males and females projected forward from 2012 with Scale MP-2021 for union employees.
Discount rate:	2024: 7.25% (per annum, compounded annually) 2023: 6.50% (per annum, compounded annually)

The actuarial valuations as of December 31, 2023 and 2022 were made based on the employee census as of such dates and represent the most recent actuarial valuations. The foregoing actuarial assumptions are based on the presumption that the Plan will continue in existence. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

4. Plan Termination

The Company's Board of Directors may terminate the Plan at any time. Whether a particular participant's accumulated benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time.

Pension Plan of Newmont

Notes to Financial Statements

Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Upon termination of the Plan, remaining net assets available after payment of all expenses, fees, other administrative costs, and benefit payments due before the termination date shall be paid and the remaining net assets, if any, shall be allocated as provided by law, which currently requires allocation of such net assets as follows:

- a) To provide benefits for those persons who were receiving monthly payments at the beginning of the five-year period ending on the termination date of the Plan, or who would have been receiving monthly payments at the beginning of such five-year period if they had been eligible to and had elected to retire prior to the beginning of such five-year period.
- b) To provide benefits guaranteed by the PBGC, not to exceed the guarantee limits.
- c) To provide all other uninsured vested benefits.
- d) To provide all other benefits under the Plan.
- e) If the benefits in a. and b. above cannot be provided, then the funds available shall be allocated pro rata among such persons, based on the actuarial reserve for the benefits described in the applicable class.
- f) Any amount remaining following the order of allocations set forth above shall be returned to the Company.

5. Tax Status

The Trust established under the Plan is qualified under the Internal Revenue Code (the Code) as exempt from federal income taxes. The Plan has received a favorable determination letter from the IRS dated December 23, 2013 stating that the Plan is qualified under the appropriate sections of the Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, the financial statements contain no provision for federal or state income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedule, related to investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company, a qualified institution.

Pension Plan of Newmont

Notes to Financial Statements

7. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. During the year ended December 31, 2024, the valuation methodology for the commingled funds and 103-12 Investment Entities was changed from being valued at net asset value with a readily determinable fair value to NAV using the practical expedient. The funds were determined to not have a readily determinable fair value. There were no changes in the fair values as a result in the change in the methodology.

The proceeding methods described may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Commingled Funds - These funds are valued at the NAV of units held by the trustee of the funds. The NAV is used as a practical expedient based on the fair value of the underlying investments held by the commingled funds less its liabilities. The fair value of the underlying investments is determined using market quotations or prices obtained from independent pricing sources that may

Pension Plan of Newmont

Notes to Financial Statements

employ various pricing methods to value the investments, including matrix pricing. The commingled funds provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities.

103-12 Investment Entity - This entity is valued at the NAV of units held by the issuer of the investment. The NAV is based on the fair value of the underlying investments held by the 103-12 investment entity less its liabilities. The fair value of the underlying investments is determined using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. The 103-12 investment entity provides for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to this investment. This investment is a direct filing entity.

Other Equity Security - Other equity security is valued at ownership interest in the NAV of the security. This investment is considered a Level 3 investment. During the years ended December 31, 2024 and 2023 there were no purchases or sales of the investment.

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Other equity security	\$ -	\$ -	\$ 1	\$ 1
Investments measured at NAV				269,921,755
Total Investments, at fair value				\$ 269,921,756

December 31, 2023

	Level 1	Level 2	Level 3	Total
Commingled funds:				
U.S. equity	\$ -	\$ 30,758,587	\$ -	\$ 30,758,587
International equity	-	86,418,510	-	86,418,510
Fixed income	-	137,652,238	-	137,652,238
Real estate	-	13,136,342	11,720,549	24,856,891
Total Commingled Funds	-	267,965,677	11,720,549	279,686,226
Other equity security	-	-	1	1
Total Investments, at fair value	\$ -	\$ 267,965,677	\$ 11,720,550	\$ 279,686,227

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are in investments managed by Russell Investments Trust Company and affiliates. Russell Investments Trust Company is the Trustee, as defined by the Plan. The Plan pays administrative fees from Plan assets to Russell Investments Trust Company and other service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Pension Plan of Newmont

Notes to Financial Statements

9. Subsequent Events

The Company has evaluated events subsequent to December 31, 2024 through October 3, 2025, which is the date the financial statements were available to be issued.

The Plan was amended effective January 1, 2025 to recognize service, other than credited services for benefit accruals, with Newcrest Resources, Inc.

During 2025, there were reductions in force which resulted in a partial plan termination. All affected employees were fully vested in their accounts and eligible to take a distribution from their account.

Supplemental Schedule

Pension Plan of Newmont

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 13-2526632 Plan No.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Commingled Funds				
* Russell Investment Trust Company	Equity Income II Fund	\$ 6,010,013	\$ 10,559,238	
* Russell Investment Trust Company	1000 Index Fund Series I	9,229,329	20,081,623	
* Russell Investment Trust Company	Emerging Markets Fund	10,645,212	13,270,936	
* Russell Investment Trust Company	International Fund	11,842,760	18,608,646	
* Russell Investment Trust Company	World Equity Fund	29,174,339	54,021,339	
* Russell Investment Trust Company	10-15 Year Strips Fixed Income Fund	32,925,623	30,443,613	
* Russell Investment Trust Company	25+ Year Strips Fixed Income Fund	55,947,731	39,006,125	
* Russell Investment Trust Company	14 Year LDI Fixed Income Fund	46,621,189	47,800,087	
* Russell Investment Trust Company	Marketable Real Asset Fund	10,251,132	13,299,751	
* Russell Investment Trust Company	Real Estate Equity Fund	5,013,647	11,401,499	
103-12 Investment Entity				
* Russell Investments Institutional Funds, LLC	High Yield Bond Fund	7,115,881	11,428,898	
Other Equity Investment				
Listerine	Royalty Interest Direct	1	1	
			\$224,776,857	\$269,921,756

* Represents a party-in-interest.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	1	1	0	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	23	13	0	0	0	0	0	0	0	0	36
	-	22,009	-	-	-	-	-	-	-	-	-	34,656
30-34	0	46	27	14	0	0	0	0	0	0	0	87
	-	37,220	74,657	-	-	-	-	-	-	-	-	56,184
35-39	0	39	48	37	16	0	0	0	0	0	0	140
	-	43,341	85,935	144,608	-	-	-	-	-	-	-	104,694
40-44	0	30	40	28	26	5	0	0	0	0	0	129
	-	67,747	122,267	151,531	215,727	-	-	-	-	-	-	137,838
45-49	1	41	33	35	29	16	0	0	0	0	0	155
	-	75,362	143,938	196,888	366,113	-	-	-	-	-	-	193,198
50-54	0	30	32	25	13	14	8	5	0	0	0	127
	-	87,892	146,403	355,018	-	-	-	-	-	-	-	221,636
55-59	0	20	20	20	3	10	10	7	1	0	0	91
	-	76,635	191,422	325,898	-	-	-	-	-	-	-	242,302
60-64	0	5	9	12	7	5	2	5	2	0	0	47
	-	-	-	-	-	-	-	-	-	-	-	247,282
65-69	0	2	2	3	5	1	2	2	0	0	0	17
	-	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	4	0	0	1	0	0	0	0	1	1	6
	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	241	225	174	100	51	22	19	3	1	1	837
	-	58,968	118,257	207,165	275,871	297,746	407,347	-	-	-	-	163,893

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

Plan Name: Pension Plan of Newmont
 EIN / PN: 13-2526632/001
 Plan Sponsor: Newmont USA Limited
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	7,023,942	3,409,091	3,148,896	13,581,929
2025	5,337,250	3,643,312	3,080,205	12,060,767
2026	5,578,471	3,436,066	3,030,025	12,044,562
2027	5,364,870	4,304,254	2,980,533	12,649,657
2028	5,157,387	5,988,858	2,932,909	14,079,154
2029	4,917,765	6,603,537	2,885,466	14,406,768
2030	4,822,878	6,191,114	2,824,813	13,838,805
2031	4,873,473	7,873,657	2,761,881	15,509,011
2032	4,786,952	8,037,139	2,708,016	15,532,107
2033	4,799,626	8,153,645	3,220,873	16,174,144
2034	4,717,415	8,087,671	2,588,326	15,393,412
2035	4,757,453	7,946,073	2,523,222	15,226,748
2036	4,789,916	8,382,049	2,453,591	15,625,556
2037	4,871,156	9,167,294	2,378,281	16,416,731
2038	4,865,721	8,054,860	2,297,189	15,217,770
2039	4,925,646	8,309,340	2,212,171	15,447,157
2040	4,955,323	7,148,645	2,123,253	14,227,221
2041	4,969,214	6,843,647	2,029,829	13,842,690
2042	5,006,681	7,921,570	1,932,079	14,860,330
2043	5,014,829	7,771,386	1,830,249	14,616,464
2044	5,001,599	6,729,976	1,724,666	13,456,241
2045	4,924,453	7,064,007	1,615,693	13,604,153
2046	4,875,916	7,331,127	1,503,813	13,710,856
2047	4,820,367	6,511,540	1,389,706	12,721,613
2048	4,755,099	6,668,606	1,274,273	12,697,978
2049	4,690,046	6,083,575	1,158,625	11,932,246
2050	4,645,212	6,184,282	1,044,093	11,873,587
2051	4,562,846	6,081,606	932,110	11,576,562
2052	4,433,974	5,079,531	824,077	10,337,582
2053	4,302,448	4,688,517	721,323	9,712,288
2054	4,138,992	4,297,952	624,997	9,061,941

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2055	3,962,990	4,390,531	535,971	8,889,492
2056	3,780,065	3,406,412	454,860	7,641,337
2057	3,591,713	3,052,990	381,989	7,026,692
2058	3,391,573	2,761,114	317,408	6,470,095
2059	3,179,053	2,432,235	260,959	5,872,247
2060	2,970,472	2,205,396	212,313	5,388,181
2061	2,764,112	1,954,004	170,998	4,889,114
2062	2,555,943	1,669,360	136,419	4,361,722
2063	2,349,121	1,459,214	107,900	3,916,235
2064	2,147,901	1,266,460	84,723	3,499,084
2065	1,953,652	1,091,739	66,156	3,111,547
2066	1,767,811	935,120	51,485	2,754,416
2067	1,591,543	796,176	40,045	2,427,764
2068	1,425,243	674,087	31,227	2,130,557
2069	1,269,157	567,733	24,496	1,861,386
2070	1,123,791	475,803	19,388	1,618,982
2071	989,280	396,897	15,515	1,401,692
2072	865,607	329,604	12,565	1,207,776
2073	752,621	272,546	10,290	1,035,457

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: Janaury 1, 2024

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
----------------	----------------------	--------------------------

- | | | |
|-------------------------------------|---|-------|
| • First segment rate | 4.75% | 3.62% |
| • Second segment rate | 4.87% | 4.46% |
| • Third segment rate | 5.59% | 4.52% |
| • Effective interest rate | 5.19% | 4.45% |
| • Assumed interest rates for 417(e) | Stable Value benefits are reduced for commencement prior to normal retirement based on 417(e) assumptions. The valuation reflects estimated 417(e) interest rates based on the non-average IRS segment rates for January of the valuation year. | |

Annual rates of increase

- Compensation For purposes of determining the target normal cost, compensation is assumed to increase by 4.00% during the plan year. For purposes of determining the additional Funding Target for maximum deductible contribution purposes, compensation is assumed to increase by 4.00% per annum.
- Future Social Security wage bases For purposes of determining target normal cost and the additional Funding Target for maximum deductible contribution purposes, the Consumer Price Index is assumed to increase by 2.00% per annum.
- Statutory limits on compensation Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

SCHEDULE SB ATTACHMENTS

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.
Mortality	<p>Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.</p> <p>For ASC 960 purposes, the Pri-2012 Employee White Collar tables using separate rates for non-annuitants and the Pri-2012 Nondisabled White Collar tables using separate rates for annuitants projected forward from 2012 with Scale MP-2021 were used for salaried participants of the Qualified Plan and the Pri-2012 Employee Blue Collar tables using separate rates for non-annuitants and the Pri-2012 Nondisabled Blue Collar tables using separate rates for annuitants projected forward from 2012 with Scale MP-2021 were used for union employees of the Qualified Plan.</p>

Plan Name: Pension Plan of Newmont
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

Assumed rates of termination of employment vary by sex and length of employment during the first five years of employment and by attained age thereafter. A sample of rates, showing the percentage of employees assumed to terminate in the next year, is as follows:

Rate of Separation for All Causes During First years of Service	
Years of Service	Males & Females
0	15.0%
1	15.0%
2	15.0%
3	15.0%
4	15.0%

Rate of Termination After First Five Years of Service	
Age	Males & Females
20	14.4%
25	13.4%
30	12.4%
35	11.4%
40	10.4%
45	9.1%
50	7.6%
55	7.0%

Plan Name: Pension Plan of Newmont
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Plan Sponsor: Newmont USA Limited
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SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the Year		
Age	Percentage of Eligible Employees At Indicated Age Assumed to be Disabled In The Next Year	
	Male	Female
20	0.08%	0.10%
25	0.09%	0.12%
30	0.11%	0.16%
35	0.14%	0.23%
40	0.20%	0.31%
45	0.36%	0.46%
50	0.66%	0.73%
55	1.19%	1.07%
60	1.67%	1.25%
65	2.08%	1.43%

Retirement

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 of Eligible Employees At Indicated Age Assumed to Retire In The Next Year	
	Less than 30 Years of Service	More than 30 Years of Service
55	15.00%	35.00%
56	12.50%	35.00%
57	12.50%	25.00%
58	10.00%	25.00%
59	20.00%	25.00%
60	10.00%	15.00%
61	25.00%	25.00%
62	25.00%	25.00%
63	25.00%	25.00%
64	25.00%	25.00%
65	35.00%	35.00%
66	25.00%	25.00%
67	25.00%	25.00%
68	25.00%	25.00%
69	40.00%	40.00%
70	100.00%	100.00%

Plan Name: Pension Plan of Newmont
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 Plan Sponsor: Newmont USA Limited
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Stable value benefits All stable value benefits are payable upon decrement
- Preretirement death benefit Final average pay annuities: The first day of the month following the later of the participant's date of death or the date the participant would have been retirement eligible.
- Deferred vested benefit Final average pay annuities: Normal retirement age.
- Disability benefit Final average pay annuities: Immediate upon disablement if retirement eligible, otherwise at normal retirement age
- Retirement benefit Final average pay annuities: Immediate upon termination of employment

Form of payment

Future retirees who are currently active are assumed to elect an annuity 50% of the time and a lump sum 50% of the time. For the 50% annuity election, if a future retiree is eligible for a free joint and survivor benefit, it is assumed that they would elect such an annuity if married. The annuity is assumed to commence immediately if retirement eligible and at normal retirement age if not retirement eligible.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible participants are assumed to be married.

Spouse age

Wife two years younger than husband

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-related expenses

The amount included this year for plan-related expenses is \$1,380,000.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Plan Name: Pension Plan of Newmont
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Target normal cost	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.
Decrement timing	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.
Participant Data	Employee data was supplied by Newmont Corporation as of the census date.
Actuarial value of assets	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.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Newmont Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Newmont Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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. 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.

Rates of increase in:

- Compensation, National average wages (NAW) (e.g., Social Security wage bases), Increases in statutory limits (CPI) Assumed increases in compensation, national average wages, and increases in statutory limits are based on plan sponsor expectations. We believe the selected assumption does not significantly conflict with what would be reasonable.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: Pension Plan of Newmont
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination rates differ by age and service because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Retirement

Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement rates differ by age and service because of expected differences. We believe the selected assumption does not significantly conflict with what would be reasonable.

Percent married

The assumed percentage married is based on a blending of marital statuses of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future.

We believe the selected assumption does not significantly conflict with what would be reasonable.

Spouse age

The assumed age difference for spouses is based on a blending of age differences of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future.

We believe the selected assumption does not significantly conflict with what would be reasonable.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, 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.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

Plan Name: Pension Plan of Newmont
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

**Changes in methods
since prior valuation** None.

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: Janaury 1, 2024

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age	Probability of Retirement	l_x	Retirements	Rate of Retirement	Weighted Rate
55	15.00%	100,000	15,000	15.00%	8.2500
56	12.50%	85,000	10,625	10.63%	5.9500
57	12.50%	74,375	9,297	9.30%	5.2993
58	10.00%	65,078	6,508	6.51%	3.7746
59	20.00%	58,570	11,714	11.71%	6.9113
60	10.00%	46,856	4,686	4.69%	2.8116
61	25.00%	42,170	10,543	10.54%	6.4312
62	25.00%	31,627	7,907	7.91%	4.9023
63	25.00%	23,720	5,930	5.93%	3.7359
64	25.00%	17,790	4,448	4.45%	2.8467
65	35.00%	13,342	4,670	4.67%	3.0355
66	25.00%	8,672	2,168	2.17%	1.4309
67	25.00%	6,504	1,626	1.63%	1.0894
68	25.00%	4,878	1,220	1.22%	0.8296
69	40.00%	3,658	1,463	1.46%	1.0095
70	100.00%	2,195	2,195	2.20%	1.5365
Average age at retirement					59.8443
Rounded for Schedule SB Line 22					60.0000

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Newmont USA Limited
EIN/PN	13-2526632/001
Plan Name	Pension Plan of Newmont
Valuation Date	January 1, 2024
Enrolled Actuary	Amy Elizabeth Ayres
Enrollment Number	23-06594

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 (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan PENSION PLAN OF NEWMONT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NEWMONT USA LIMITED	D Employer Identification Number (EIN) 13-2526632	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	280,213,205	
b Actuarial value	2b	308,234,526	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	223	38,833,283	38,833,283
b For terminated vested participants	1,185	105,341,099	105,341,099
c For active participants	837	70,924,927	85,603,081
d Total	2,245	215,099,309	229,777,463
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5 Effective interest rate	5	5.19%	
6 Target normal cost			
a Present value of current plan year accruals	6a	9,986,290	
b Expected plan-related expenses	6b	618,000	
c Target normal cost	6c	10,604,290	

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.

SIGN HERE		
	Signature of actuary	Date 09/30/2025
	AMY ELIZABETH AYRES Type or print name of actuary	2306594 Most recent enrollment number
	WILLIS TOWERS WATSON US LLC Firm name	212-309-3400 Telephone number (including area code)
	200 LIBERTY STREET NEW YORK NY 10281 Address of 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 II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	121,759,819
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	14,591,832
9	Amount remaining (line 7 minus line 8)	0	107,167,987
10	Interest on line 9 using prior year's actual return of <u>11.22%</u>	0	12,024,248
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) 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>5.32%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	119,192,235

Part III		Funding Percentages	
14	Funding target attainment percentage	14	82.27%
15	Adjusted funding target attainment percentage	15	110.39%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.36%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(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	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c 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	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 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				
26 Demographic and benefit information				
a 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 Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 10,604,290
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	40,735,172		3,895,914	
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 14,500,204
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	14,500,204	14,500,204	
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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on January 1, 2020.

Covered employees	Regular salaried employees participate in the plan. Effective January 1, 2007, an employee will become a participant after completing one year of service. During 2007, current plan participants who were participants as of December 31, 2007 had a one time choice to either (1) remain under the current plan formula, or (2) have future accruals under the Stable Value formula and have their "prior plan" benefit based upon service as of December 31, 2007 and compensation at termination/retirement.
Participation date	Completion of one year of service from the date of becoming a covered employee.

Definitions

Final Average Compensation / Salary (Prior Plan)	Average annual compensation during the 60 consecutive months of highest earnings in the last 120 months of credited service.
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Valuation Date: January 1, 2024

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Benefits

Final Average Pay Normal Retirement Benefit (Prior Plan)

A participant's normal retirement age is 62.

The annual pension is equal to 1-3/4% of final average annual compensation less 1-1/4% of the participant's primary Social Security benefit, multiplied by the number of years of credited service.

The maximum annual pension is equal to the greater of (a) 66-2/3% of such average compensation or (b) 66-2/3% of the annual rate of compensation at retirement, but in no case greater than that allowed by the Employee Retirement Income Security Act of 1974.

Effective July 1, 2014 the benefit was frozen with no future accruals and no increases to the Final Average Compensation.

Stable Value Normal Retirement Benefit

A Stable Value Participant's normal retirement age is 65.

The Stable Value Benefit shall be expressed as a single lump sum payment at Normal Retirement Age. Each year, a Stable Value Participant will accrue benefits, based upon his full years of vesting service as of the end of the plan year and his salary for the plan year. The amount accrued each year is equal to the following:

Full years of vesting service completed by the end of the plan year	Percentage of salary up to and including the Social Security Wage Base	Percentage of salary over the Social Security Wage Base
0-9	13%	21%
10-19	15%	23%
20+	17%	25%

The Stable Value Retirement Benefit, as of a given date, is the sum of all the amounts accrued for each year of service earned by a Stable Value Participant and payable at their normal retirement date. If a participant elects, the Stable Value Benefit may be converted to an annuity using the IRC Section 417(e) assumptions.

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Transition Credits

Effective July 1, 2014 participants under the Prior Plan will receive the following transition credits based on their points (Age + Service) at July 1, 2014. The transition credits will accrue each year until Termination or Retirement.

Age + Vesting Service at July 1, 2014	Transition Credit
Less than 50 Points	No Transition Credit
50 – 59 Points	3%
60 – 74 Points	6%
75 + Points	9%

Hourly Normal Retirement Benefit (former Hourly Plan)

A participant's normal retirement age is 65.

Effective February 1, 2019 the former Hourly plan provides a monthly pension benefit of \$44.50 per year of credited service for those who terminated between February 1, 2019 and January 31, 2020.

As of December 31, 2019 there are no active participants in the plan so the final multiplier used is \$44.50.

Final Average Pay Early Retirement Benefit (Prior Plan)

A participant who has attained age 55 and has at least 10 years of credited service may retire early.

The amount of monthly pension is computed as in Normal Retirement Benefit but is based on service and earnings to the early retirement date.

The benefit may commence on the participant's normal retirement date or, at the participant's option, in a reduced amount on any day between his early retirement date and his normal retirement date.

If a participant has attained age 55 and completed 30 years of credited service at retirement there will be no reduction for early commencement of his pension benefit.

If a participant has attained age 60 and completed 10 years of credited service the amount of reduction shall be 1/3% for each month the commencement date precedes the date on which the participant would have first attained age 62 or completed 30 years of service had he remained in active employment.

If a participant has attained age 55 and completed 10 years of credited service the amount of reduction shall be 1/3% for each

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month the commencement date precedes the date on which the participant would have first attained age 62.

Stable Value Early Retirement Benefit

A Stable Value Participant may receive an early retirement lump sum that is the actuarial equivalent of the Stable Value Benefit using the lesser of 6.5% or the 417(e) interest rate. Alternatively, a Stable Value participant may elect an actuarially equivalent annuity which would be converted using the IRC Section 417(e) assumptions.

Hourly Early Retirement Benefit (former Hourly Plan)

A participant who has attained age 55 and has completed at least 10 years of service may elect to retire prior to age 65.

The amount of monthly pension commencing at age 65 is computed as in Normal Retirement Benefit but based on service to the early retirement date. If the participant elects, he may receive a pension reduced by 1/3 of 1% for each month that commencement is before normal retirement date.

Disability Benefit

A participant who becomes totally and permanently disabled after completing at least 5 years of service will receive his accrued pension commencing at age 62, or at an actuarially equivalent basis.

Hourly Disability Benefit (former Hourly Plan)

A participant with at least 5 years of service who becomes permanently and totally disabled before age 65 will be retired provided the participant qualifies for Social Security disability benefits.

The amount of monthly pension commencing at disability retirement is computed as in Normal Retirement Benefit, but is based on credited service to the date of disability retirement.

Vested Benefits Upon Termination of Service (Prior Plan)

A participant who terminates his employment after completing at least 5 years of service will receive his accrued pension commencing at age 62, or at an actuarially equivalent basis. A participant with 30 years of service who terminates prior to age 55 will receive an unreduced pension at age 55. A participant with 10 years of service who terminates prior to age 55 may commence prior to their normal retirement date with a reduction of ½% per month.

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Vested Benefits Upon Termination of Service (Stable Value Plan)	A Stable Value Participant may receive a lump sum that is the actuarial equivalent of the Stable Value Benefit using the lesser of 6.5% or the IRC Section 417(e) interest rate. Alternatively, a Stable Value participant may elect an actuarially equivalent annuity which would be converted using the IRC Section 417(e) assumptions.
Late Retirement	The amount of monthly pension commencing at postponed retirement is computed as in Normal Retirement Benefit, but based on service and earnings to the earlier of age 70 and his actual retirement date.
Prior Plan Death Benefits	Death benefits are provided to a spouse/beneficiary of a retiree only if a retiree elects a joint and survivor option or year certain option.
Stable Value Plan Death Benefits	The survivor's benefit payable to the spouse of the Stable Value Participant is equal to the single lump sum payment as of retirement or the actuarially equivalent lump sum for payment before the Normal Retirement Date.
Pre-Retirement Surviving Spouse Option (Prior Plan)	The spouse of a married participant will receive a reduced pension at retirement in order to provide for a life income in the event of an employee's death while in active employment. The surviving spouse of a member who became a participant before April 1, 1995 is entitled to 66-2/3% of the benefit the employee would have received under the pension plan at age 55 or the date of death, whichever is later. The surviving spouse of a member who became a participant after April 1, 1995 is entitled to 50% of the benefit the employee would have received under the pension plan at age 55 or the date of death, whichever is later. The benefit is calculated as if the employee had retired under the Pension Plan on the day before the date of death.

Other Plan Provisions

Assumed Cost-of-Living Adjustments	All benefits payable to a participant who retired prior to January 1, 1981, or his beneficiary, are subject to a cost-of-living adjustment. The adjustment factor is determined on each January 1 following an "adjustment month" and is equal to the cost-of-living index for the most recent "adjustment month"
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divided by the cost-of-living index for the participant's "base month".

"Base month" is the later of October, 1969 or the first month of pension payment to the participant.

"Adjustment month" is each October subsequent to the participant's base month.

The adjustment factor cannot be less than 100% and shall be revised as of each January 1 by adding or subtracting, as appropriate, the lesser of 5% and the percentage change in the cost-of-living index. The adjustment shall not increase the monthly pension in any year by more than \$150 and the aggregate cost-of-living adjustment cannot exceed 100% of the base pension.

Pension Increases

None.

Plan participants' contributions

Participants are not required nor permitted to contribute to the plan. The full costs of benefits provided under the plan and administrative expenses are borne by the Company.

Maximum on benefits and pay

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 assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

None.

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Pension Plan of Newmont

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)
 EIN: 13-2526632 Plan No.: 001

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Commingled Funds				
* Russell Investment Trust Company	Equity Income II Fund	\$ 6,010,013	\$ 10,559,238	
* Russell Investment Trust Company	1000 Index Fund Series I	9,229,329	20,081,623	
* Russell Investment Trust Company	Emerging Markets Fund	10,645,212	13,270,936	
* Russell Investment Trust Company	International Fund	11,842,760	18,608,646	
* Russell Investment Trust Company	World Equity Fund	29,174,339	54,021,339	
* Russell Investment Trust Company	10-15 Year Strips Fixed Income Fund	32,925,623	30,443,613	
* Russell Investment Trust Company	25+ Year Strips Fixed Income Fund	55,947,731	39,006,125	
* Russell Investment Trust Company	14 Year LDI Fixed Income Fund	46,621,189	47,800,087	
* Russell Investment Trust Company	Marketable Real Asset Fund	10,251,132	13,299,751	
* Russell Investment Trust Company	Real Estate Equity Fund	5,013,647	11,401,499	
103-12 Investment Entity				
* Russell Investments Institutional Funds, LLC	High Yield Bond Fund	7,115,881	11,428,898	
Other Equity Investment				
Listerine	Royalty Interest Direct	1	1	
		\$224,776,857	\$269,921,756	

* Represents a party-in-interest.

SCHEDULE SB ATTACHMENTS

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	(1,800,610)	15.00000	(1,800,610)	(163,820)
2. Shortfall	01/01/2023	44,329,577	14.00000	42,535,782	4,059,734
Total				40,735,172	3,895,914

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