

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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. . . . . [X]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: BARRICK RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): BARRICK GOLD OF NORTH AMERICA, INC.
2b Employer Identification Number (EIN): 98-0065088
2c Plan Sponsor's telephone number: 775-748-1210
2d Business code (see instructions): 213110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311



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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>BARRICK RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BARRICK GOLD OF NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>98-0065088</b>	

**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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**FIDELITY INVESTMENTS INSTITUTIONAL**

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**04-2647786**

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

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**(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)

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	469727	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	421508	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SQUIRE & COMPANY, PC

87-0343246

(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	ACCOUNTANT/A UDITOR	15350	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"/>

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AS SMID CPGR IS - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.15%	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>BARRICK RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BARRICK GOLD OF NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>98-0065088</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP II CL 1</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-3022712-025</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21871658</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2020</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-6083983-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19175320</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2035</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-6083977-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>117102284</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2065</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>82-6190443-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28504238</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET INC</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-6083968-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5485254</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2025</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-6083981-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64061295</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2030</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-6083979-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>115980451</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2055

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 27-6715074-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87912366
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: FID GROWTH CO POOL A

**b** Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

<b>c</b> EIN-PN 04-3022712-135	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126664072
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2060

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 45-3799212-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54684930
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2040

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 90-6083975-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101094991
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2050

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 90-6083969-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112395339
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET 2045

**b** Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

<b>c</b> EIN-PN 90-6083973-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100276074
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BARRICK RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BARRICK GOLD OF NORTH AMERICA, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>98-0065088</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	19486	3604
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	27993146	27350189
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	30020642	34867832
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	831720465	955208272
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	303071741	324364831
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	0	0
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1192825480	1341794728
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1192825480	1341794728

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	69496130	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	70343614	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	5093450	
(2) Noncash contributions.....	<b>2a(2)</b>	0	144933194
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	2439030
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	2439030	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2439030
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	14217861
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	14217861	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		14217861
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	124032474
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	28026478
<b>c</b> Other income .....	2c	211293
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	313860330

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	163732477
(2) To insurance carriers for the provision of benefits .....	2e(2)	0
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	163732477
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	40727
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	29400
(3) Recordkeeping fees .....	2i(3)	392108
(4) IQPA audit fees .....	2i(4)	15350
(5) Investment advisory and investment management fees .....	2i(5)	681020
(6) Bank or trust company trustee/custodial fees .....	2i(6)	0
(7) Actuarial fees .....	2i(7)	0
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses .....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	1117878
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	164891082

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	148969248
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  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: **SQUIRE & COMPANY, PC**

(2) EIN: **87-0343246**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50492081
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

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

<b>A</b> Name of plan <u>BARRICK RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRICK GOLD OF NORTH AMERICA, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>98-0065088</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  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)  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>BARRICK RETIREMENT PLAN</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>001</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>BARRICK U.S. SUBSIDIARIES BENEFITS COMMITTEE</b>	<b>D</b> Administrator's EIN <b>98-0065088</b>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) **EMPLOYERS WITH COMMON OWNERSHIP** (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>NEVADA GOLD MINES, LLC</b>	<b>2b</b> EIN <b>83-4447381</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>99.98</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>1307426915</b>
<b>2a</b> Name of Participating Employer <b>BARRICK GOLD OF NORTH AMERICA, INC.</b>	<b>2b</b> EIN <b>98-0065088</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.02</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>827136</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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Barrick U.S. Subsidiaries Benefits Committee  
Barrick Retirement Plan

We have conducted a DOL limited-scope audit of the financial statements of Barrick Retirement Plan (the Plan) as of and for the year ended December 31, 2024 and have issued our report thereon dated October 9, 2025. Professional standards require that we advise you of the following information related to our audit.

### **Our Responsibility in Relation to the Financial Statement Audit**

As communicated in our engagement letter dated May 19, 2025, our responsibility, as described by professional standards, is to conduct our audit in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Therefore, as permitted by ERISA Section 103(a)(3)(C), the audit need not extend to any statements of information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). For an ERISA Section 103(a)(3)(C) audit, the audit will not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirement of accounting principles generally accepted in the United States of America (GAAP). Accordingly, the objective of the ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

### **Planned Scope and Timing of the Audit**

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

### **Compliance with All Ethics Requirements Regarding Independence**

The engagement team, others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

We assisted in the preparation of the financial statements and the related notes disclosures and supplementary information, which is a nonattest service. This service was subject to our firm's engagement quality control review. Management designated a qualified individual to oversee this nonattest service, evaluated the adequacy and results of the service performed, and accepted responsibility for the preparation and fair presentation of the financial statements and related notes and supplementary information in accordance with accounting principles generally accepted in the United States of America.

### **Significant Risks Identified**

We have identified the following significant risks: contributions could be recognized inappropriately or in incorrect period, improper amounts are used for compensation for determining participant and employer contributions, benefit payments could be unrecorded or recognized in incorrect period, and the financial statements do not agree to underlying accounting records.

### **Qualitative Aspects of the Plan's Significant Accounting Practices**

#### ***Significant Accounting Policies***

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Plan is included in Note 2 to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2024. No matters have come to our attention that would require us, under professional standards, to inform you about the methods used to account for significant unusual transactions and the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

#### ***Significant Accounting Estimates***

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements are:

Management's estimate of the fair values of investments held by the Plan is based on fair values or the price that would be received to sell an asset between market participants at the measurement date. We evaluated the key factors and assumptions used to develop the estimates of fair value and determined that they are reasonable in relation to the financial statements as a whole.

#### ***Financial Statement Disclosures***

Certain financial statement disclosures involve significant judgment and are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting Barrick Retirement Plan's financial statements relate to the disclosure of fair value measurements in Note 3 to the financial statements.

### **Significant Unusual Transactions**

For purposes of this communication, professional standards require us to communicate to you significant unusual transactions identified during our audit. We encountered no significant unusual transactions during the audit.

### **Identified or Suspected Fraud**

We have not identified any fraud or suspected fraud during the audit.

### **Significant Difficulties Encountered during the Audit**

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

### **Uncorrected and Corrected Misstatements**

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole.

A summary of audit adjustments and reclassifications is attached to this letter. This summary includes misstatements (material or otherwise) that we identified because of our audit procedures; these were brought to the attention of, and corrected by, management.

### **Disagreements with Management**

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to Barrick Retirement Plan's financial statements or the auditor's report. No such disagreements arose during the the audit.

### **Circumstances that Affect the Form and Content of the Auditor's Report**

For purposes of this letter, professional standards require that we communicate any circumstances that affect the form and content of our auditor's report. We encountered no circumstances during the audit.

### **Representations Requested from Management**

We have requested certain representations from management that are included in the management representation letter dated October 9, 2025.

### **Management's Consultations with Other Accountants**

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

## **Other Significant Matters, Findings, or Issues**

In the normal course of our professional association with Barrick Retirement Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, business conditions affecting the plan, and business plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as Barrick Retirement Plan's auditors.

This report is intended solely for the information and use of the Administrative Committee and management of Barrick Retirement Plan and is not intended to be and should not be used by anyone other than these specified parties.

Respectfully,

*Squire & Company, PC*

Squire & Company, PC  
October 9, 2025

### Attachments:

Adjusted trial balance grouped by financial statement account  
Copy of management's written representations

Client: **13948 - Barrick Retirement Plan**  
 Engagement: **2024 Audit**  
 Period Ending: **12/31/2024**  
 Trial Balance: **TB**  
 Workpaper: **TB - Financial Statement Grouping Report**

Account	Description	1st PP-FINAL 12/31/2024	UNADJ 12/31/2024	JE Ref #	AJE 12/31/2024	ADJ 12/31/2024	JE Ref #	RJE 12/31/2024	FINAL 12/31/2024
<b>Group : [4200]</b>	<b>Receivables</b>								
<b>Subgroup : [4200.08]</b>	<b>Due from Related Parties</b>								
150	Participant Loans	30,567,595.00	35,426,960.00		0.00	35,426,960.00		0.00	35,426,960.00
<b>Subtotal [4200.08]</b>	<b>Due from Related Parties</b>	<b>30,567,595.00</b>	<b>35,426,960.00</b>		<b>0.00</b>	<b>35,426,960.00</b>		<b>0.00</b>	<b>35,426,960.00</b>
<b>Subgroup : [4200.26]</b>	<b>Participant Contributions Receivable</b>								
140	Participants Cont Receivable	19,486.00	0.00		0.00	0.00		0.00	0.00
				AJE - 3	19,483.00				
				AJE - 7	(19,483.00)				
<b>Subtotal [4200.26]</b>	<b>Participant Contributions Receivable</b>	<b>19,486.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Subgroup : [4200.28]</b>	<b>Employer Contributions Receivable</b>								
130	Employer Contribution Receivable	0.00	0.00		3,604.00	3,604.00		0.00	3,604.00
<b>Subtotal [4200.28]</b>	<b>Employer Contributions Receivable</b>	<b>0.00</b>	<b>0.00</b>		<b>3,604.00</b>	<b>3,604.00</b>		<b>0.00</b>	<b>3,604.00</b>
<b>Total [4200]</b>	<b>Receivables</b>	<b>30,587,081.00</b>	<b>35,426,960.00</b>		<b>3,604.00</b>	<b>35,430,564.00</b>		<b>0.00</b>	<b>35,430,564.00</b>
	<b>Current Assets</b>	<b>30,587,081.00</b>	<b>35,426,960.00</b>		<b>3,604.00</b>	<b>35,430,564.00</b>		<b>0.00</b>	<b>35,430,564.00</b>
<b>Group : [4150]</b>	<b>Investments</b>								
<b>Subgroup : [4150.08]</b>	<b>Mutual Funds</b>								
111.13	Vanguard Inflation Protected Inst	4,235,276.00	3,137,281.00		0.00	3,137,281.00		0.00	3,137,281.00
111.14	AF Europac Growth R6	23,731,776.00	16,257,334.00		0.00	16,257,334.00		0.00	16,257,334.00
121	Dodge & Cox Income	21,494,432.00	38,338,537.00		0.00	38,338,537.00		0.00	38,338,537.00
121.1	DFA US Target Value I	24,224,559.00	20,255,276.00		0.00	20,255,276.00		0.00	20,255,276.00
121.2	AS Discovery IS	22,056,354.00	0.00		0.00	0.00		0.00	0.00
123	Dodge & Cox Stock	48,064,057.00	49,189,093.00		0.00	49,189,093.00		0.00	49,189,093.00
129	FID Real Estate Invs	9,625,245.00	9,663,658.00		0.00	9,663,658.00		0.00	9,663,658.00
129.1	FID US Bond Index	22,267,476.00	4,461,271.00		0.00	4,461,271.00		0.00	4,461,271.00
129.2	FID Extd Market Index	15,064,744.00	14,394,797.00		0.00	14,394,797.00		0.00	14,394,797.00
133	FID Intl Index	9,872,719.00	20,011,618.00		0.00	20,011,618.00		0.00	20,011,618.00
174	AS SMID CPGR IS	0.00	29,820,935.00		0.00	29,820,935.00		0.00	29,820,935.00
193	FID 500 Index	89,698,000.00	103,878,991.00		0.00	103,878,991.00		0.00	103,878,991.00
197	Fidelity Emerging Markets Index	12,737,102.00	14,956,040.00		0.00	14,956,040.00		0.00	14,956,040.00
<b>Subtotal [4150.08]</b>	<b>Mutual Funds</b>	<b>303,071,740.00</b>	<b>324,364,831.00</b>		<b>0.00</b>	<b>324,364,831.00</b>		<b>0.00</b>	<b>324,364,831.00</b>
<b>Subgroup : [4150.36]</b>	<b>Money Market</b>								
109.1	Vanguard Treasury Money Market	27,993,146.00	27,350,189.00		0.00	27,350,189.00		0.00	27,350,189.00
<b>Subtotal [4150.36]</b>	<b>Money Market</b>	<b>27,993,146.00</b>	<b>27,350,189.00</b>		<b>0.00</b>	<b>27,350,189.00</b>		<b>0.00</b>	<b>27,350,189.00</b>
<b>Subgroup : [4150.95]</b>	<b>Other Investments</b>								
111.1	Vanguard Target Inc	7,893,686.00	5,485,254.00		0.00	5,485,254.00		0.00	5,485,254.00
111.10	Vanguard Target 2055	73,877,730.00	87,912,366.00		0.00	87,912,366.00		0.00	87,912,366.00
111.11	Vanguard Target 2060	41,952,397.00	54,684,930.00		0.00	54,684,930.00		0.00	54,684,930.00
111.12	Vanguard Target 2065	17,189,269.00	28,504,238.00		0.00	28,504,238.00		0.00	28,504,238.00
111.3	Vanguard Target 2020	22,520,761.00	19,175,320.00		0.00	19,175,320.00		0.00	19,175,320.00
111.4	Vanguard Target 2025	64,864,940.00	64,061,295.00		0.00	64,061,295.00		0.00	64,061,295.00
111.5	Vanguard Target 2030	113,952,244.00	115,980,451.00		0.00	115,980,451.00		0.00	115,980,451.00
111.6	Vanguard Target 2035	105,124,508.00	117,102,284.00		0.00	117,102,284.00		0.00	117,102,284.00
111.7	Vanguard Target 2040	87,108,831.00	101,094,991.00		0.00	101,094,991.00		0.00	101,094,991.00
111.8	Vanguard Target 2045	87,660,794.00	100,276,074.00		0.00	100,276,074.00		0.00	100,276,074.00
111.9	Vanguard Target 2050	96,347,685.00	112,395,339.00		0.00	112,395,339.00		0.00	112,395,339.00
142	FID MGD INC PORT II	25,808,869.00	23,203,018.00		(1,331,360.00)	21,871,658.00		0.00	21,871,658.00
				AJE - 2	(1,331,360.00)				
172	FID Growth Co K	87,418,751.00	126,664,072.00		0.00	126,664,072.00		0.00	126,664,072.00
<b>Subtotal [4150.95]</b>	<b>Other Investments</b>	<b>831,720,465.00</b>	<b>956,539,632.00</b>		<b>(1,331,360.00)</b>	<b>955,208,272.00</b>		<b>0.00</b>	<b>955,208,272.00</b>
<b>Total [4150]</b>	<b>Investments</b>	<b>1,162,785,351.00</b>	<b>1,308,254,652.00</b>		<b>(1,331,360.00)</b>	<b>1,306,923,292.00</b>		<b>0.00</b>	<b>1,306,923,292.00</b>
	<b>Non-Current Assets</b>	<b>1,162,785,351.00</b>	<b>1,308,254,652.00</b>		<b>(1,331,360.00)</b>	<b>1,306,923,292.00</b>		<b>0.00</b>	<b>1,306,923,292.00</b>
	<b>TOTAL ASSET</b>	<b>1,193,372,432.00</b>	<b>1,343,681,612.00</b>		<b>(1,327,756.00)</b>	<b>1,342,353,856.00</b>		<b>0.00</b>	<b>1,342,353,856.00</b>
	<b>Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
	<b>Non-Current Liabilities</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
	<b>TOTAL LIABILITY</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Group : [6200]</b>	<b>Net Assets</b>								
<b>Subgroup : [6200.35]</b>	<b>Net Assets Available for Benefits</b>								
300	Net Assets Available for Plan	(1,029,516,543.00)	(1,194,880,255.00)		1,507,823.00	(1,193,372,432.00)		0.00	(1,193,372,432.00)
				AJE - 1	(4,991.00)				
				AJE - 3	(19,483.00)				
				AJE - 5	1,532,297.00				
<b>Subtotal [6200.35]</b>	<b>Net Assets Available for Benefits</b>	<b>(1,029,516,543.00)</b>	<b>(1,194,880,255.00)</b>		<b>1,507,823.00</b>	<b>(1,193,372,432.00)</b>		<b>0.00</b>	<b>(1,193,372,432.00)</b>
<b>Total [6200]</b>	<b>Net Assets</b>	<b>(1,029,516,543.00)</b>	<b>(1,194,880,255.00)</b>		<b>1,507,823.00</b>	<b>(1,193,372,432.00)</b>		<b>0.00</b>	<b>(1,193,372,432.00)</b>
	<b>Equity</b>	<b>(1,029,516,543.00)</b>	<b>(1,194,880,255.00)</b>		<b>1,507,823.00</b>	<b>(1,193,372,432.00)</b>		<b>0.00</b>	<b>(1,193,372,432.00)</b>
	<b>NET (INCOME) LOSS</b>	<b>(163,855,889.00)</b>	<b>(148,801,357.00)</b>		<b>(180,067.00)</b>	<b>(148,981,424.00)</b>		<b>0.00</b>	<b>(148,981,424.00)</b>
	<b>TOTAL EQUITY</b>	<b>(1,193,372,432.00)</b>	<b>(1,343,681,612.00)</b>		<b>1,327,756.00</b>	<b>(1,342,353,856.00)</b>		<b>0.00</b>	<b>(1,342,353,856.00)</b>
	<b>TOTAL LIABILITY AND EQUITY</b>	<b>(1,193,372,432.00)</b>	<b>(1,343,681,612.00)</b>		<b>1,327,756.00</b>	<b>(1,342,353,856.00)</b>		<b>0.00</b>	<b>(1,342,353,856.00)</b>
<b>Group : [7100]</b>	<b>Revenue</b>								
<b>Subgroup : [7100.95]</b>	<b>Other Revenue</b>								
470	Exchange In	0.00	(133,082,979.00)		133,082,979.00	0.00		0.00	0.00
475	Forfeiture Credit	0.00	(3,557,396.00)		3,557,396.00	0.00		0.00	0.00
495	Adjustments	(268,815.00)	(137,956.00)		(73,337.00)	(211,293.00)		0.00	(211,293.00)
				AJE - 1	4,991.00				
				AJE - 4	(211,293.00)				
				AJE - 9	(4,991.00)				
				AJE - 9	137,956.00				
499	Transfers in	0.00	(8,887.00)		8,887.00	0.00		0.00	0.00
550	Transfer Out	0.00	(8,887.00)		(8,887.00)	0.00		0.00	0.00
<b>Subtotal [7100.95]</b>	<b>Other Revenue</b>	<b>(268,815.00)</b>	<b>(136,778,331.00)</b>		<b>136,567,038.00</b>	<b>(211,293.00)</b>		<b>0.00</b>	<b>(211,293.00)</b>
<b>Total [7100]</b>	<b>Revenue</b>	<b>(268,815.00)</b>	<b>(136,778,331.00)</b>		<b>136,567,038.00</b>	<b>(211,293.00)</b>		<b>0.00</b>	<b>(211,293.00)</b>

Difference

<b>Group : [7150]</b>	<b>Contributions</b>						
<b>Subgroup : [7150.15]</b>	<b>Participant Contributions</b>						
450	Participant Contributions	(54,881,149.00)	(59,594,030.00)	16,166.00	(59,577,864.00)	0.00	(59,577,864.00)
451	Participant Catchup Contributions	(585,533.00)	(518,691.00)	0.00	(518,691.00)	0.00	(518,691.00)
467	Roth Basic	(7,516,452.00)	(8,321,042.00)	0.00	(8,321,042.00)	0.00	(8,321,042.00)
468	Roth Catch-Up	(219,105.00)	(1,278,589.00)	895,684.00	(382,905.00)	0.00	(382,905.00)
473	Employee After Tax	(669,650.00)	(326,802.00)	0.00	(326,802.00)	0.00	(326,802.00)
474	After Tax Non Matched	(623,829.00)	(1,216,313.00)	0.00	(1,216,313.00)	0.00	(1,216,313.00)
<b>Subtotal [7150.15]</b>	<b>Participant Contributions</b>	<b>(64,495,718.00)</b>	<b>(71,255,467.00)</b>	<b>911,850.00</b>	<b>(70,343,617.00)</b>	<b>0.00</b>	<b>(70,343,617.00)</b>
<b>Subgroup : [7150.20]</b>	<b>Employer Contributions</b>						
455	Employer Match Contributions	(36,689,154.00)	(39,530,996.00)	(3,869.00)	(39,534,865.00)	0.00	(39,534,865.00)
456	Transfer Account (MPPP)	0.00	21.00	0.00	21.00	0.00	21.00
459	Non-Matched Contributions	(28,177,844.00)	(29,075,692.00)	(892,102.00)	(29,967,794.00)	0.00	(29,967,794.00)
460	Employer QNEC Contributions	(5,178.00)	62.00	0.00	62.00	0.00	62.00
472	Prior SH Match	4,048.00	6,446.00	0.00	6,446.00	0.00	6,446.00
<b>Subtotal [7150.20]</b>	<b>Employer Contributions</b>	<b>(64,868,128.00)</b>	<b>(68,600,159.00)</b>	<b>(895,971.00)</b>	<b>(69,496,130.00)</b>	<b>0.00</b>	<b>(69,496,130.00)</b>
<b>Subgroup : [7150.25]</b>	<b>Rollovers</b>						
465	Rollover Contributions	(2,903,430.00)	(4,046,218.00)	0.00	(4,046,218.00)	0.00	(4,046,218.00)
466	After Tax Rollover	(18,005.00)	(26,090.00)	0.00	(26,090.00)	0.00	(26,090.00)
469	Roth Rollover	(102,028.00)	(326,971.00)	0.00	(326,971.00)	0.00	(326,971.00)
471	IRA Rollover	(63,042.00)	(694,171.00)	0.00	(694,171.00)	0.00	(694,171.00)
<b>Subtotal [7150.25]</b>	<b>Rollovers</b>	<b>(3,106,505.00)</b>	<b>(5,093,450.00)</b>	<b>0.00</b>	<b>(5,093,450.00)</b>	<b>0.00</b>	<b>(5,093,450.00)</b>
<b>Total [7150]</b>	<b>Contributions</b>	<b>(132,470,351.00)</b>	<b>(144,949,076.00)</b>	<b>15,879.00</b>	<b>(144,933,197.00)</b>	<b>0.00</b>	<b>(144,933,197.00)</b>
	<b>Revenues</b>	<b>(132,739,166.00)</b>	<b>(281,727,407.00)</b>	<b>136,582,917.00</b>	<b>(145,144,490.00)</b>	<b>0.00</b>	<b>(145,144,490.00)</b>
<b>Group : [7165]</b>	<b>Investment Income and Expense</b>						
<b>Subgroup : [7165.05]</b>	<b>Interest</b>						
410	Interest & Dividend Income	(9,433,329.00)	(14,732,428.00)	0.00	(14,732,428.00)	0.00	(14,732,428.00)
415	Participant Loan Interest Income	(1,760,831.00)	(2,480,228.00)	0.00	(2,480,228.00)	0.00	(2,480,228.00)
<b>Subtotal [7165.05]</b>	<b>Interest</b>	<b>(11,194,160.00)</b>	<b>(17,212,656.00)</b>	<b>0.00</b>	<b>(17,212,656.00)</b>	<b>0.00</b>	<b>(17,212,656.00)</b>
<b>Subgroup : [7165.20]</b>	<b>Realized Gains and Losses</b>						
480	Realized Gain / Loss	(23,281,478.00)	(21,307,745.00)	0.00	(21,307,745.00)	0.00	(21,307,745.00)
<b>Subtotal [7165.20]</b>	<b>Realized Gains and Losses</b>	<b>(23,281,478.00)</b>	<b>(21,307,745.00)</b>	<b>0.00</b>	<b>(21,307,745.00)</b>	<b>0.00</b>	<b>(21,307,745.00)</b>
<b>Subgroup : [7165.25]</b>	<b>Unrealized Gains and Losses</b>						
490	Unrealized Gain / Loss	(153,267,003.00)	(130,042,684.00)	(188,963.00)	(130,231,647.00)	0.00	(130,231,647.00)
				AJE - 2	1,331,360.00		
				AJE - 5	(1,532,297.00)		
				AJE - 9	11,974.00		
<b>Subtotal [7165.25]</b>	<b>Unrealized Gains and Losses</b>	<b>(153,267,003.00)</b>	<b>(130,042,684.00)</b>	<b>(188,963.00)</b>	<b>(130,231,647.00)</b>	<b>0.00</b>	<b>(130,231,647.00)</b>
<b>Total [7165]</b>	<b>Investment Income and Expense</b>	<b>(187,742,641.00)</b>	<b>(168,563,085.00)</b>	<b>(188,963.00)</b>	<b>(168,752,048.00)</b>	<b>0.00</b>	<b>(168,752,048.00)</b>
	<b>Other Income</b>	<b>(187,742,641.00)</b>	<b>(168,563,085.00)</b>	<b>(188,963.00)</b>	<b>(168,752,048.00)</b>	<b>0.00</b>	<b>(168,752,048.00)</b>
	<b>TOTAL REVENUE</b>	<b>(320,481,807.00)</b>	<b>(450,290,492.00)</b>	<b>136,393,954.00</b>	<b>(313,896,538.00)</b>	<b>0.00</b>	<b>(313,896,538.00)</b>
<b>Group : [7400]</b>	<b>General and Administrative Expenses / Operating Expenses</b>						
<b>Subgroup : [7400.00]</b>	<b>General and Administrative Expenses</b>						
525	Administrative Expenses	983,830.00	906,585.00	211,293.00	1,117,878.00	0.00	1,117,878.00
530	Forfeiture Debit	0.00	3,557,396.00	(3,557,396.00)	0.00	0.00	0.00
535	Exchange Out	0.00	133,082,979.00	(133,082,979.00)	0.00	0.00	0.00
560	Adjustment (-)	0.00	144,939.00	(144,939.00)	0.00	0.00	0.00
<b>Subtotal [7400.00]</b>	<b>General and Administrative Expenses</b>	<b>983,830.00</b>	<b>137,691,899.00</b>	<b>(136,574,021.00)</b>	<b>1,117,878.00</b>	<b>0.00</b>	<b>1,117,878.00</b>
<b>Subgroup : [7400.10]</b>	<b>Benefit Payments</b>						
520	Benefits Paid	155,599,615.00	163,732,477.00	0.00	163,732,477.00	0.00	163,732,477.00
540	Offset Previously Defaulted Loans	42,473.00	64,759.00	0.00	64,759.00	0.00	64,759.00
<b>Subtotal [7400.10]</b>	<b>Benefit Payments</b>	<b>155,642,088.00</b>	<b>163,797,236.00</b>	<b>0.00</b>	<b>163,797,236.00</b>	<b>0.00</b>	<b>163,797,236.00</b>
<b>Total [7400]</b>	<b>General and Administrative Expenses</b>	<b>156,625,918.00</b>	<b>301,489,135.00</b>	<b>(136,574,021.00)</b>	<b>164,915,114.00</b>	<b>0.00</b>	<b>164,915,114.00</b>
	<b>Operating Expenses</b>	<b>156,625,918.00</b>	<b>301,489,135.00</b>	<b>(136,574,021.00)</b>	<b>164,915,114.00</b>	<b>0.00</b>	<b>164,915,114.00</b>
	<b>Other Expenses</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>TOTAL EXPENSE</b>	<b>156,625,918.00</b>	<b>301,489,135.00</b>	<b>(136,574,021.00)</b>	<b>164,915,114.00</b>	<b>0.00</b>	<b>164,915,114.00</b>
	<b>NET (INCOME) LOSS</b>	<b>(163,855,889.00)</b>	<b>(148,801,357.00)</b>	<b>(180,067.00)</b>	<b>(148,981,424.00)</b>	<b>0.00</b>	<b>(148,981,424.00)</b>
	<b>Sum of Account Groups*</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

\* The Sum of Account Groups total does not include any groups assigned to the MEM classification.

Client: **13948 - Barrick Retirement Plan**  
 Engagement: **2024 Audit**  
 Period Ending: **12/31/2024**  
 Trial Balance: **TB**  
 Workpaper: **AJE - Adjusting Journal Entries Report**

Account	Description	W/P Ref	Debit	Credit
<b>Adjusting Journal Entries</b>				
<b>Adjusting Journal Entries JE # 1</b>				
Reclassify Loan Adjustment made to Prior Year				
495	Adjustments		4,991.00	
300	Net Assets Available for Plan			4,991.00
<b>Total</b>			<b>4,991.00</b>	<b>4,991.00</b>
<b>Adjusting Journal Entries JE # 2</b>				
Record Fidelity Managed Income Portfolio II at fair value				
490	Unrealized Gain / Loss		1,331,360.00	
142	FID MGD INC PORT II			1,331,360.00
<b>Total</b>			<b>1,331,360.00</b>	<b>1,331,360.00</b>
<b>Adjusting Journal Entries JE # 3</b>				
To record prior year contribution receivable.				
140	Participants Cont Receivable		19,483.00	
300	Net Assets Available for Plan			19,483.00
<b>Total</b>			<b>19,483.00</b>	<b>19,483.00</b>
<b>Adjusting Journal Entries JE # 4</b>				
Reclassify RCP Account (679 Fee)				
525	Administrative Expenses		211,293.00	
495	Adjustments			211,293.00
<b>Total</b>			<b>211,293.00</b>	<b>211,293.00</b>
<b>Adjusting Journal Entries JE # 5</b>				
To reverse PY investment adjustment				
300	Net Assets Available for Plan		1,532,297.00	
490	Unrealized Gain / Loss			1,532,297.00
<b>Total</b>			<b>1,532,297.00</b>	<b>1,532,297.00</b>
<b>Adjusting Journal Entries JE # 6</b>				
Record offsets of exchanges and transfers				
470	Exchange In		133,082,979.00	
475	Forfeiture Credit		3,557,396.00	
499	Transfers in		8,887.00	
530	Forfeiture Debit			3,557,396.00
535	Exchange Out			133,082,979.00
550	Transfer Out			8,887.00
<b>Total</b>			<b>136,649,262.00</b>	<b>136,649,262.00</b>
<b>Adjusting Journal Entries JE # 7</b>				
To reverse prior year receivables.				
450	Participant Contributions		19,491.00	
140	Participants Cont Receivable			19,483.00
455	Employer Match Contributions			8.00
<b>Total</b>			<b>19,491.00</b>	<b>19,491.00</b>
<b>Adjusting Journal Entries JE # 8</b>				
To record ending receivables				
130	Employer Contribution Receivable		3,604.00	
455	Employer Match Contributions		22,480.00	
468	Roth Catch-Up		895,684.00	
450	Participant Contributions			3,325.00
455	Employer Match Contributions			26,341.00
459	Non-Matched Contributions			892,102.00
<b>Total</b>			<b>921,768.00</b>	<b>921,768.00</b>
<b>Adjusting Journal Entries JE # 9</b>				
To reclassify adjustments, including the gain/loss adjustments on late contributions. And prior year adjustment to loan balance.				
490	Unrealized Gain / Loss		11,974.00	
495	Adjustments		137,956.00	
495	Adjustments			4,991.00
560	Adjustment (-)			144,939.00
<b>Total</b>			<b>149,930.00</b>	<b>149,930.00</b>
<b>Total Adjusting Journal Entries</b>			<b>140,839,875.00</b>	<b>140,839,875.00</b>
<b>Total All Journal Entries</b>			<b>140,839,875.00</b>	<b>140,839,875.00</b>

October 8, 2025

Squire & Company, PC  
1329 South 800 East  
Orem, UT 84097

This representation letter is provided in connection with your audit of the financial statements of Barrick Retirement Plan (the Plan), which 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.

We have elected to have the audit of the plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. We acknowledge that the audit did 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, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the DOL's Ruled and Regulations for Reporting under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5 and, that the certified investment information is appropriately measured, presented, and disclosed in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve misstatements, including omissions, 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.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, as of the date of the auditor's report, the following representations made to you during your audit:

## Financial Statements

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated May 19, 2025, for the preparation and fair presentation of the financial statements (and disclosures) in accordance with U.S. GAAP. As part of the audit, you assisted with the preparation of our financial statements and related notes. We have designated an individual with suitable skill, knowledge, or experience to oversee your services and have made all management decisions and performed all management functions relating to the financial statements and related notes. We have reviewed, approved, and accepted responsibility for those financial statements and related notes prior to their issuance.
- We acknowledge our responsibility for administering the plan and determining the plan's transactions that are presented and disclosed in the ERISA plan financial statements are in conformity with the plan 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.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes, and supplemental schedules that are free from material misstatement, whether due to fraud or error.
- We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
- We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
- Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
- Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
- All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.
- The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
- We have no intentions to terminate the Plan.
- Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or other lending institution, have been properly recorded or disclosed in the financial statements.
- We have properly reported and disclosed amendments to the plan instrument, if any.
- We acknowledge our responsibility for the presentation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.

## Information Provided

- We have provided you with:
  - Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investment contracts, as applicable, and amendments to such documents entered into during the year.
  - The most current plan instrument for the audit period. Including all amendments;
  - A draft of the Form 5500 that is substantially complete;
  - Additional information that you have requested from us for the purpose of the audit.
  - Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
  - All minutes of the meetings of the administrative committee or summaries of actions of recent meetings for which minutes have not yet been prepared.
- All transactions have been recorded in the accounting records and are reflected in the financial statements.
- The Plan has satisfactory title to all owned assets that are recorded at fair value and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.
- We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
  - Management,
  - Employees who have significant roles in internal control, or
  - Others where the fraud could have a material effect on the financial statements.
- We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
- We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
- We are not aware of any pending or threatened litigation, claims, and assessments whose effects should be considered when preparing financial statements and we have not consulted legal counsel concerning litigation, claims, or assessments.
- There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, or events that may jeopardize the tax status) that legal counsel has advised us must be disclosed.
- We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related party and party in interest relationships and transactions of which we are aware.

- We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
- The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance, including the release of unallocated shares held in employee stock ownership plans.
- All required filings with the appropriate agencies have been made.
- The Plan (and the trust established under the Plan) is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan (and trust). The plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
- The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan.
- The Plan has complied with the fidelity bonding requirements of ERISA.
- There are no—
  - Nonexempt party in interest transactions (as defined in ERISA Section 3(14) and regulations under that section) that were not disclosed in the supplemental schedules or financial statements.
  - Investments or loans in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
  - Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplemental schedules.
- In regards to the nonattest services performed by you, we have:
  - Made all management decisions and performed all management functions.
  - Designated an individual with suitable skill, knowledge, or experience to oversee the services.
  - Evaluated the adequacy and results of the services performed.
  - Accepted responsibility for the results of the services.

Signature: Robert Connolly

Title: Manager, Total Rewards

**BARRICK RETIREMENT PLAN**

**FINANCIAL STATEMENTS**

Years Ended December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

Barrick U.S. Subsidiaries Benefits Committee  
Barrick Retirement Plan

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

We have performed audits of the financial statements of Barrick Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Opinion on the Financial Statements***

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

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Barrick Retirement 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 Barrick Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedule of delinquent participant contributions and schedule of assets (held at end of year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*Squire + Company, PC*

Orem, Utah  
October 9, 2025

**BARRICK RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2024 and 2023

	2024	2023
<b>ASSETS</b>		
<b>Investments at Fair Value:</b>		
Money market funds	\$ 27,350,189	\$ 27,993,146
Collective trusts	955,208,272	831,720,465
Mutual funds	324,364,831	303,071,740
	<u>1,306,923,292</u>	<u>1,162,785,351</u>
Total investments at fair value	1,306,923,292	1,162,785,351
<b>Notes Receivable from Participants</b>	35,426,960	30,567,595
<b>Contributions Receivable:</b>		
Employer	3,604	-
Participant	-	19,486
	<u>3,604</u>	<u>19,486</u>
Total contributions receivable	3,604	19,486
Total assets	1,342,353,856	1,193,372,432
<b>LIABILITIES</b>		
	<u>-</u>	<u>-</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 1,342,353,856</u>	<u>\$ 1,193,372,432</u>

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

**BARRICK RETIREMENT PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions to Net Assets:</b>		
Investment income:		
Realized net gain on sale of investments	\$ 21,307,745	\$ 23,281,478
Net appreciation in fair value of investments	130,231,647	153,267,003
Interest and dividends	14,732,428	9,433,329
Other	211,293	268,815
Total investment income	166,483,113	186,250,625
Interest income on notes receivable from participants	2,480,228	1,760,831
Contributions:		
Employer	69,496,130	64,868,128
Participant	70,343,617	64,495,718
Rollover	5,093,450	3,106,505
Total contributions	144,933,197	132,470,351
Total additions	313,896,538	320,481,807
<b>Deductions from Net Assets:</b>		
Benefits paid to participants	163,797,236	155,642,088
Administrative expenses	1,117,878	983,830
Total deductions	164,915,114	156,625,918
<b>Net Increase</b>	148,981,424	163,855,889
<b>Net Assets Available for Benefits at Beginning of Year</b>	1,193,372,432	1,029,516,543
<b>Net Assets Available for Benefits at End of Year</b>	\$ 1,342,353,856	\$ 1,193,372,432

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

## **BARRICK RETIREMENT PLAN NOTES TO THE FINANCIAL STATEMENTS**

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### **NOTE 1 – DESCRIPTION OF PLAN**

The following description of Barrick Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan was amended to become a multiple employer plan as of January 1, 2020 (see Note 5), covering all full-time employees of Barrick Gold of North America, Inc., related employers, and Nevada Gold Mines, LLC (collectively referred to as "the Company") upon commencement of employment and part-time employees who have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Contributions**

Each year, participants may contribute up to 75% of pretax annual compensation, as defined in the Plan, up to the annual IRS dollar limits. Participants are also allowed to make Roth contributions. The Company contributes 100% of the first 6% of base compensation that a participant contributes to the Plan. The Company also contributes a non-match contribution of 5% of base compensation for eligible groups. Rollover contributions may be made by the participant, or the participant may direct a trustee of another plan to transfer the funds to this Plan. Contributions are all participant directed.

Participants are automatically enrolled with a deferral of 6% of compensation as soon as administratively possible after the expiration of a 30-day notification period, unless the participant affirmatively elects otherwise. Active participants without a deferral election or a zero election on file as of December 28, 2020 are also automatically enrolled at 6%. Once a participant is automatically enrolled, this deferral percentage increases by 1% each plan year. This automatic enrollment excludes Union Employees.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants who began participating in the Plan prior to July 1, 2015 are fully vested in their accounts at all times. Participants who began participating in the Plan on or after July 1, 2015 and prior to December 31, 2019, are fully vested at all times for all contributions other than non-match contributions, which are subject to a four-year vesting schedule. Participants who began participating in the Plan on or after January 1, 2020 are subject to a four-year vesting schedule on both match and non-match contributions.

#### **Notes Receivable from Participants**

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of the value of such accounts. The note term cannot exceed five years unless the note is for the purchase of a principal residence, in which case, it cannot exceed ten years. The notes are secured by the balance in the participant's account and bear interest at the prime rate plus 1% at the time of note origination. Principal and interest are paid through payroll deductions.

## **BARRICK RETIREMENT PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

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#### **Payment of Benefits**

Upon normal retirement, early retirement at age 55, termination, death, or disability, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. There are many payment options, but generally withdrawals are paid in cash in a single lump sum. Participants are also permitted to take in-service withdrawals of specified vested account balances upon attaining age 59 ½, and hardship withdrawals from a participant's deferral contributions account as determined by need.

#### **Forfeited Accounts**

Forfeited non-vested accounts consist of excess employer non-matching contributions and are used to reduce plan administrative expenses and company contributions. Forfeited non-vested accounts totaled \$33,660 and \$10,887 at December 31, 2024 and 2023, respectively. Forfeited non-vested amounts totaling \$3,574,702 and \$2,584,300 were used to reduce employer contributions for the years ended December 31, 2024 and 2023, respectively.

#### **Expenses**

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments. The Plan is part of Fidelity's Revenue Credit Program, in which Fidelity shares a portion of the income from plan management and plan investments. Revenue credits totaling \$211,293 and \$268,815 were used to pay Plan administrative expenses for the years ended December 31, 2024 and 2023, respectively.

### **NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **Basis of Accounting**

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

#### **Investment Valuation**

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds and collective trust funds are valued at the net asset value of shares held by the Plan at year-end. See Note 3 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.

## **BARRICK RETIREMENT PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

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#### **Notes Receivable from Participants**

Notes receivable from participants are deemed to have a fair market value at any given time equal to the unpaid principal balance of the note plus accrued but unpaid interest. In the event of a default, foreclosure on the promissory note and attachment of security will not occur until an event occurs that would allow or require a distribution of a participant's account balance.

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Use of Estimates**

The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Subsequent Events**

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued.

### **NOTE 3 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the 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 FASB ASC 820 are described as follows:

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.

**BARRICK RETIREMENT PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

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

The asset 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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Money market funds* – Valued at the net asset value of shares held by the Plan at year end.

*Mutual funds* – Valued at the net asset value of shares held by the Plan at year end.

*Collective trusts* – A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023:

December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	\$ 27,350,189	\$ -	\$ -	\$ 27,350,189
Mutual funds	324,364,831	-	-	324,364,831
Total assets in the fair value hierarchy	351,715,020	-	-	351,715,020
Investments measured at net asset value <sup>(a)</sup>	-	-	-	955,208,272
Investments at fair value	\$ 351,715,020	\$ -	\$ -	\$ 1,306,923,292
December 31, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ 27,993,146	\$ -	\$ -	\$ 27,993,146
Mutual funds	303,071,740	-	-	303,071,740
Total assets in the fair value hierarchy	331,064,886	-	-	331,064,886
Investments measured at net asset value <sup>(a)</sup>	-	-	-	831,720,465
Investments at fair value	\$ 331,064,886	\$ -	\$ -	\$ 1,162,785,351

<sup>(a)</sup> In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**BARRICK RETIREMENT PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

**Investments Measured Using the Net Asset Value per Share Practical Expedient**

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Period</u>
Fid Mgd Inc Port II	\$ 21,871,658	n/a	Daily	90 days
FID Growth Co K	126,664,072	n/a	Daily	90 days
Vanguard Target Retirement Trust	806,672,542	n/a	Daily	None

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Period</u>
Fid Mgd Inc Port II	\$ 25,808,869	n/a	Daily	90 days
FID Growth Co K	87,418,751	n/a	Daily	90 days
Vanguard Target Retirement Trust	718,492,845	n/a	Daily	None

**NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE**

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by Fidelity Management Trust Company for the years ended December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 1,306,923,292	\$ 1,162,785,351
Notes receivable from participants	35,426,960	30,567,595
Investment income	166,483,113	186,250,625

**NOTE 5 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants would become fully vested in their accounts.

**NOTE 6 – RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

Certain plan investments are shares of mutual funds managed by Fidelity Management Trust Company, the trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative expenses amounted to \$1,117,878 and \$983,830 for the years ended December 31, 2024 and 2023, respectively.

**BARRICK RETIREMENT PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

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**NOTE 7 – TAX STATUS**

The Plan was originally adopted effective January 1, 1987. The Internal Revenue Service determined and informed the Company by a letter dated August 12, 2014, that the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has since been restated effective January 1, 2020 using the Fidelity Basic Plan Document Number 17 Prototype Profit Sharing Plan with CODA. This plan obtained its latest determination letter March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was tax-exempt and in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not applied for a separate determination later with the restatement. However, the plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Company believes that the Plan was qualified, and the related trust was tax-exempt, as of the financial statement date.

**NOTE 8 – RISKS AND UNCERTAINTIES**

The Plan invests in stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

**NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,342,353,856	\$ 1,193,372,432
Less: Amounts allocated to withdrawing participants	(559,127)	(546,952)
Rounding	<u>(1)</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 1,341,794,728</u>	<u>\$ 1,192,825,480</u>

**BARRICK RETIREMENT PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**

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The following is a reconciliation of interest income on notes receivable from participants per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Interest income on notes receivable from participants per the financial statements	\$ 2,480,228	\$ 1,760,831
Less: Interest income on deemed default loans	(36,207)	(35,222)
Less: Adjustment to beginning loan balance	<u>(4,991)</u>	<u>-</u>
Interest income on notes receivable from participants per Form 5500	<u>\$ 2,439,030</u>	<u>\$ 1,725,609</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 163,797,236	\$ 155,642,088
Add: Amounts allocated to withdrawing participants at December 31, 2024 & 2023	559,127	546,952
Add: Other adjustment	-	22,132
Less: Amounts allocated to withdrawing participants at December 31, 2023 & 2022	(546,952)	(554,522)
Less: Interest income on deemed default loans	<u>(36,207)</u>	<u>(35,222)</u>
Benefits paid to participants per Form 5500	<u>\$ 163,773,204</u>	<u>\$ 155,621,428</u>

## **SUPPLEMENTAL SCHEDULES**

Schedules provided pursuant to the U.S. Department  
of Labor's Rules and Regulations

**BARRICK RETIREMENT PLAN**

**EMPLOYER IDENTIFICATION NUMBER: 98-0031163**

**PLAN NUMBER: 001**

**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**

December 31, 2024

Participant Contributions Transferred Late to Plan Check here if Late Participant Loan Payments are included <input checked="" type="checkbox"/>	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 862,730	\$ -	\$ 862,730		
1,375,698	-	1,375,698		
388,815	-	388,815		
797,482	-	797,482		
1,101,112	-	1,101,112		
873,508	-	873,508		
466,312	-	466,312		
866,061	-	866,061		
445,821	-	445,821		
470,105	-	470,105		
457,076	-	457,076		
894,252	-	894,252		
893,642	-	893,642		
1,342,084	-	1,342,084		
1,411,000	-	1,411,000		
1,285,820	-	1,285,820		
861,288	-	861,288		
410,103	-	410,103		
397,844	-	397,844		
391,630	-	391,630		
845,437	-	845,437		
379,312	-	379,312		
380,107	-	380,107		
835,556	-	835,556		
1,048,232	-	1,048,232		
2,621,964	-	2,621,964		
2,875,329	-	2,875,329		
2,827,523	-	2,827,523		
2,781,940	-	2,781,940		
3,000,622	-	3,000,622		
328	-	328		
2,747,300	-	2,747,300		
2,530,335	-	2,530,335		
2,755,971	-	2,755,971		
5,894	-	5,894		
3,229,744	-	3,229,744		
2,808,778	-	2,808,778		
2,802,384	-	2,802,384		
3,409	-	3,409		
19,533	-	19,533		

**BARRICK RETIREMENT PLAN**  
**EMPLOYER IDENTIFICATION NUMBER: 98-0031163**  
**PLAN NUMBER: 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vanguard Treasury Money Market	Registered Investment Company	**	\$ 27,350,189
	Vanguard Inflation Protected Inst	Registered Investment Company	**	3,137,281
	DFA US Target Value I	Registered Investment Company	**	20,255,276
	Allspring Discovery SMID Cap Growth IS	Registered Investment Company	**	29,820,935
	AF Europac Growth R6	Registered Investment Company	**	16,257,334
	Dodge & Cox Income X	Registered Investment Company	**	38,338,537
	Dodge & Cox Stock X	Registered Investment Company	**	49,189,093
*	FID Emerg Mkts Index	Registered Investment Company	**	14,956,040
*	FID Real Estate Invs	Registered Investment Company	**	9,663,658
*	FID US Bond Index	Registered Investment Company	**	4,461,271
*	FID Extd Market Index	Registered Investment Company	**	14,394,797
*	FID Total Intl Index	Registered Investment Company	**	20,011,618
*	FID 500 Index	Registered Investment Company	**	103,878,991
	Vanguard Target Inc	Collective Trust Fund	**	5,485,254
	Vanguard Target 2020	Collective Trust Fund	**	19,175,320
	Vanguard Target 2025	Collective Trust Fund	**	64,061,295
	Vanguard Target 2030	Collective Trust Fund	**	115,980,451
	Vanguard Target 2035	Collective Trust Fund	**	117,102,284
	Vanguard Target 2040	Collective Trust Fund	**	101,094,991
	Vanguard Target 2045	Collective Trust Fund	**	100,276,074
	Vanguard Target 2050	Collective Trust Fund	**	112,395,339
	Vanguard Target 2055	Collective Trust Fund	**	87,912,366
	Vanguard Target 2060	Collective Trust Fund	**	54,684,930
	Vanguard Target 2065	Collective Trust Fund	**	28,504,238
*	FID MGD INC PORT II	Collective Trust Fund	**	21,871,658
*	FID Growth Co Pool A	Collective Trust Fund	**	126,664,072
*	Notes Receivable from Participants	Interest rates range from 4.25% - 10.50%	-	35,426,960
				<u>\$ 1,342,350,252</u>

\* Represents a party-in-interest.

\*\* These are participant-directed investments of an individual account plan.