

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 [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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 KOMATSU MINING CORP RETIREE WELFARE BENEFITS PLAN
1b Three-digit plan number (PN) 510
1c Effective date of plan 01/01/2011
2a Plan sponsor's name (employer, if for a single-employer plan) KOMATSU MINING CORP.
2b Employer Identification Number (EIN) 39-1566457
2c Plan Sponsor's telephone number 414-670-4400
2d Business code (see instructions) 333100

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	309
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	309
	6a(2)	196
	6b	0
	6c	0
	6d	196
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan KOMATSU MINING CORP RETIREE WELFARE BENEFITS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>510</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 KOMATSU MINING CORP.</p>	<p>D Employer Identification Number (EIN) 39-1566457</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK BLUE SHIELD SECURITY BLUE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	58419	9	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
--	---

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	30015
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan KOMATSU MINING CORP RETIREE WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 KOMATSU MINING CORP.	D Employer Identification Number (EIN) 39-1566457	

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

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

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

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

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

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

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

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

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

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

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

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

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)

UMR, INC.

5151 PFEIFFER ROAD
CINCINNATI, OH 45242

39-1995276

(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?
12	CLAIMS PROCESSING	74708	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	809	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

PO BOX 28852
NEW YORK, NY 10087

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER	13702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KOMATSU MINING CORP RETIREE WELFARE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 KOMATSU MINING CORP.	D Employer Identification Number (EIN) 39-1566457

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	877
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	8229
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	124191
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10183245
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	10215220

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10316542	10759804
Liabilities			
g Benefit claims payable.....	1g	74113	55098
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	877	1031
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	74990	56129
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10241552	10703675

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	864332	
(B) Participants.....	2a(1)(B)	335199	
(C) Others (including rollovers).....	2a(1)(C)	74113	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1273644
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	275719	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		275719
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		831680
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2381043

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	718540	
(2) To insurance carriers for the provision of benefits	2e(2)	1048803	
(3) Other	2e(3)	55098	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1822441
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	96479	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		96479
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1918920

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		462123
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Table of Contents

December 31, 2024 and 2023

	<u>Page</u>
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplementary Schedules	
Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions	16

Independent Auditors' Report

To the Pension and Investment Committee of
Komatsu Mining Corp. Retiree Welfare Benefits Plan

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

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

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

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Komatsu Mining Corp. Retiree Welfare Benefits 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 Komatsu Mining Corp. Retiree Welfare Benefits Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Komatsu Mining Corp. Retiree Welfare Benefits 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 Komatsu Mining Corp. Retiree Welfare Benefits 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 schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 DOL'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 DOL'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).

Baker Tilly US, LLP

Chicago, Illinois
October 15, 2025

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 10,751,870	\$ 10,183,245
Receivables:		
Company contribution receivable	1,031	877
Accrued interest and dividends	6,903	7,701
Other receivable	-	528
Total receivables	7,934	9,106
Cash	-	124,191
Total assets	10,759,804	10,316,542
Liabilities		
Due to claims administrator	956	800
Accrued administrative expenses	75	77
Total liabilities	1,031	877
Net assets available for benefits	<u>\$ 10,758,773</u>	<u>\$ 10,315,665</u>

See notes to financial statements

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	<u>2024</u>
Additions	
Investment income:	
Net appreciation in fair value of investments	\$ 831,680
Interest and dividends	<u>275,719</u>
Net investment income	1,107,399
Contributions:	
Company for RMSA	124,264
Company	740,068
Participants	<u>335,199</u>
Net contributions	<u>1,199,531</u>
Net additions	2,306,930
Deductions	
RMSA benefits	751,457
Benefits paid to participants	718,540
Insurance premiums	297,346
Administrative expenses for RMSA	37,098
Administrative expenses for claim processing charges	<u>59,381</u>
Total deductions	<u>1,863,822</u>
Net increase	443,108
Net Assets Available for Benefits	
Beginning of year	<u>10,315,665</u>
End of year	<u><u>\$ 10,758,773</u></u>

See notes to financial statements

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of the Komatsu Mining Corp. Retiree Welfare Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan was established by Komatsu Mining Corp. (the Company) effective January 1, 2011, to provide continuing comprehensive health and welfare benefits to certain eligible retirees (and, where applicable, their enrolled eligible dependents) of the Company and its affiliates that participate in the Plan.

Administration of the Plan is performed by the Company (the Plan Administrator), insurance carriers and third party claim administrators. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Eligibility

Participants become eligible for benefits under the Plan on the date of retirement eligibility with the Company and upon enrollment in accordance with the enrollment procedures set forth by the Plan.

Benefits

The Plan provides health and welfare benefits including medical, prescription drug, and life coverage, all of which are subject to certain exclusions and specified maximum coverage limitations.

Contributions

The Company makes voluntary contributions to the Plan to pay all benefits and expenses of the Plan in excess of participants' contributions. The Company intends that all its contributions are deductible under the provisions of the Internal Revenue Code (the Code).

Participants contribute specified premium amounts to the Plan based on their respective benefit coverage elections. Participant contributions are paid to the Plan either as a deduction from eligible participants' pension benefit payments or as a direct remittance to a third party administrator.

Retiree Medical Savings Account

The Plan's only investments are assets of a Retiree Medical Savings Account (RMSA) held in trust with Midwest Institutional Trust Company (the Trustee) as of December 31, 2024 and with BMO Harris Bank N.A. (the Former Trustee) as of December 31, 2023 for the benefit of certain Plan participants who were covered under two collective bargaining agreements as active employees of the Company. The RMSA provides these participants the savings they accumulated while employed by the Company for eligible health care expenses in retirement, including after tax medical insurance premiums and prescription drugs. The RMSA is subject to the provisions of ERISA and is administered by the Company's employee benefits department. Alight/YSA serves as the recordkeeper and claims administrator for the RMSA.

While actively employed and if permitted, the certain participants covered under the two collective bargaining agreements and the Company make contributions to the RMSA feature of the Plan. The Company establishes separate accounts for each participant in the RMSA and the contributions are credited to each participant's account for the participant to use in retirement on eligible medical care expenses. After retirement, no additional contributions are made to the participant's RMSA account and the participant's account is maintained for the benefit of the retired participant.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

During active employment and in retirement, each participant's RMSA account is credited monthly with interest at an annual rate of 5.0% or 5.5%, according to the participant's respective collective bargaining agreement. The credited interest is a notional addition to the participants' accounts and does not represent the actual earnings of the investments held in trust to fund the benefits of the participants. The benefit to which a Plan participant is entitled to receive from the Plan's RMSA is the benefit that can be provided from the balance of the participant's account, which includes the participant's and Company's contributions made during employment and all credited interest. Alight/YSA maintains the participants' RMSA accounts.

The fair value of the Plan's investments held in trust for the benefit of the Plan's RMSA participants compared to the total RMSA participant account balances of the Plan resulted in a surplus of \$3,108,420 and \$2,368,830 as of December 31, 2024 and 2023, respectively. If the Plan were to incur a shortage, such shortage will be satisfied by the Company providing sufficient contributions to fund the RMSA benefits as they become payable.

Participants may begin to receive benefits from the RMSA upon retirement or termination of employment. Participants must submit claims to Alight/YSA for reimbursement of eligible health care expenses that are not covered by the Company's or other health care plans.

Participants are vested in their RMSA account balances to the extent of eligible expenses incurred by a participant or his or her surviving spouse. Any remaining balance in a participant's RMSA account is forfeited if a participant dies without a surviving spouse. If the participant has a surviving spouse, any remaining balance in the RMSA account is forfeited when the surviving spouse dies. Forfeited amounts from the Plan are used to offset Company contributions. As of December 31, 2024 and 2023, the balance of the forfeitures was \$132,281 and \$92,864, respectively, for offsetting future Company contributions. Forfeitures totaling \$7,000 were used during the year ended December 31, 2024 to offset Company contributions.

Termination of Plan

Although it has not expressed an intention to do so, the Company has the right under the Plan to modify the benefits provided to participants and dependents, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, any covered expenses which have been incurred prior to the date of termination will be payable in accordance with the terms and conditions of the Plan. Plan assets will be allocated first to the payment of claims, and thereafter in a manner that is for the exclusive benefit of the participants, except that any taxes and administration expenses may be paid from Plan assets.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The accompanying financial statements have been prepared on the accrual basis of accounting. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Management of the Company determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

Claims Incurred But Not Reported

The Plan's liability for claims incurred but not reported or approved (see Note 5) is estimated by utilizing claims paid subsequent to the financial statements date that were incurred prior to, or on, the financial statements date. The estimate also takes into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan. Administrative expenses consist of fees paid to third parties for processing claims and Trustee fees.

3. Information Prepared and Certified by Trustee and Former Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, the Trustee of the Plan, has certified to the completeness and accuracy of all investments, accrued interest and dividends, and cash reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024, the supplementary schedules as of and for the year ended December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024. The Former Trustee of the Plan, has certified to the completeness and accuracy of all investments, accrued interest and dividends, and cash reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

4. Fair Value of Financial Instruments

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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 maximize the use of relevant observables 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 fund - Valued at the published market price, which is a constant net asset value (NAV) of \$1 per unit. The money market fund held by the Plan is deemed to be actively traded.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set 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			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 536,650	\$ -	\$ -	\$ 536,650
Registered investment companies	10,215,220	-	-	10,215,220
Total investments at fair value	<u>\$ 10,751,870</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,751,870</u>

	December 31, 2023			Total
	Level 1	Level 2	Level 3	
Money market fund	\$ 79,218	\$ -	\$ -	\$ 79,218
Registered investment companies	10,104,027	-	-	10,104,027
Total investments at fair value	<u>\$ 10,183,245</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,183,245</u>

5. Benefit Obligations

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered through December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the Company. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered through the valuation date.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs. Such estimates are adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following assumptions were used to determine the benefit obligations as of December 31:

	<u>2024</u>	<u>2023</u>
Discount rate	5.18%	5.48%
RMSA balance interest credit rate	5.00%	5.00%
	or	or
	5.50%	5.50%
Health care cost, trend rate assumed for next year	6.50%	6.75%
Health care trend rate	5.00%	5.00%
Year that trend rate is reached	2031	2031
Mortality table	PRiH-2012 headcount weighted tables for employees and annuitants and generational projection using MP-2021 methodology using 2024 proxy SSA rates for long-term improvement	PRiH-2012 headcount weighted tables for employees and annuitants and generational projection using MP-2021 methodology using 2023 proxy SSA rates for long-term improvement

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

The healthcare cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percent, the postretirement benefit obligation as of December 31, 2024 would increase by approximately \$101,000.

The components of the Plan's benefit obligations as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Benefit obligations		
Amounts currently payable		
Estimated obligation for claims and premiums incurred but not reported	\$ 55,098	\$ 74,113
Actuarial present value of accumulated postretirement benefit obligation		
Current retirees	10,890,000	11,222,000
Other participants fully eligible for benefits	206,000	380,000
Participants not yet fully eligible for benefits	<u>1,426,000</u>	<u>1,785,000</u>
Total actuarial present value of accumulated postretirement benefit obligation	<u>12,522,000</u>	<u>13,387,000</u>
Total benefit obligations	<u>\$12,577,098</u>	<u>\$13,461,113</u>

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

The related changes in the Plan's benefit obligations for the year ended December 31, 2024 are as follows:

Amounts currently payable	
Beginning of the year balance	\$ 74,113
Claims and premiums reported and approved for payment	729,333
Claims and premiums paid	<u>(748,348)</u>
Balance at end of year	55,098
Actuarial present value of accumulated postretirement benefit obligation	
Beginning of the year balance	13,387,000
Increase (decrease) during the year attributable to	
Benefits accumulated	107,000
Interest expense attributed to decrease in the discount period	695,000
Benefits paid (claims and processing charges)	(1,642,000)
Change in actuarial assumptions	717,000
Plan amendments	(653,000)
Actuarial (gains) losses	<u>(89,000)</u>
Balance at end of year	<u>12,522,000</u>
Total benefit obligations	<u>\$12,577,098</u>

Effective November 21, 2024, the Company entered a group contract with Prudential Insurance Company of America (Prudential) to buy out the retiree insurance coverage for certain participants covered by the Plan. In exchange for a premium payment of \$267,538, Prudential assumed the Plan's retiree life insurance obligations for these participants. The Plan's postretirement benefit obligations were reduced by approximately \$172,000 from the buy out. Additionally, during 2024, the Company implemented plan changes for certain other Plan participants. These amendments included the elimination of retiree life insurance benefits for hourly employees, which resulted in a decrease of \$248,000 in the Plan's postretirement obligations, as well as the elimination of RMSA contributions after 2026 for certain participants, which resulted in a decrease of \$233,000 in the Plan's postretirement obligations.

The postretirement benefit obligation information presented above excludes the impact, if any, of any contractual changes to certain benefits contracted by the Company after December 31, 2024.

The excess of benefit obligations over net assets of the Plan as of December 31, 2024 is expected to be funded through future contributions from the Company and participants.

6. Party in Interest Transactions

Certain Plan investments as of December 31, 2023 were managed by affiliates of the Former Trustee of the Plan, and therefore, those transactions qualified as party in interest transactions. In addition, administrative fees paid to the Trustee and its affiliates during the year ended December 31, 2024 qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Tax Status

The trust funding the employee contribution RMSA component of the Plan obtained its latest exemption letter dated November 12, 2011 and the trust funding the employer contribution RMSA component of the Plan obtained its latest exemption letter dated March 8, 2012, in which the Internal Revenue Service (IRS) stated that the trusts are tax-exempt under the provision of Section 501(c)(9) of the Code as a Voluntary Employee Beneficiary Association. The RMSA component of the Plan and trusts are required to operate in conformity with the Code to maintain the tax-exempt status of the trusts.

Plan management and the Company believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

8. Risks and Uncertainties

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

As of December 31, 2024 and 2023, the Plan held two and four investments, respectively, with significant concentration as a percentage of net assets available for benefits totaling \$3,351,737 and \$4,555,685, respectively.

9. Reconciliation of Financial Statements to Form 5500, Schedule H

The following is a reconciliation of net assets available for benefits as reported in the financial statements to net assets as reported on the Form 5500 as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported in the financial statements	\$ 10,758,773	\$ 10,315,665
Benefit obligations currently payable	<u>(55,098)</u>	<u>(74,113)</u>
Net assets as reported on the Form 5500	<u>\$ 10,703,675</u>	<u>\$ 10,241,552</u>

Benefits payable to participants and incurred but not reported claims are disclosed as benefit obligations in the notes to the financial statements and are reported as a liability on the Form 5500.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following is a reconciliation of the net increase as reported in the financial statements to the change in net assets as reported on the Form 5500 for the year ended December 31, 2024:

Net increase as reported in the financial statements	\$ 443,108
Benefit obligation currently payable as of December 31, 2023	74,113
Benefit obligation currently payable as of December 31, 2024	<u>(55,098)</u>
Change in net assets as reported on the Form 5500	<u>\$ 462,123</u>

10. Medicare Subsidy

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) requires employers sponsoring postretirement health care plans to provide prescription drug benefits. The Act provides for a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the Company and not the Plan. Further, the Company is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. The accumulated postretirement benefit obligations as of December 31, 2024 and 2023, and the changes in the accumulated benefit obligations for the year ended December 31, 2024 do not reflect any amounts associated with the Medicare subsidy, as the Plan is not directly entitled to the Medicare subsidy.

11. Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 15, 2025, the date the financial statements were available to be issued.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 39-1566457 Plan Number: 510

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	(c) Shares/ Par Value	(d) Cost	(e) Current Value
	Interest Bearing Cash			
	Federated Hermes Government Obligations Fund	536,650	\$ 536,650	\$ 536,650
	Mutual Funds			
	Baird Core Plus Bond Fund	93,837	995,119	939,311
	Columbia Funds Integrated Large Cap Growth Fund	20,600	374,758	448,876
	Delaware Small Cap Value Fund	4,188	192,719	203,142
	Dodge & Cox Income Fund	75,802	948,887	938,425
	Dodge & Cox International Stock Fund	5,893	277,985	294,066
	Dodge & Cox Stock Fund	1,762	394,422	453,156
	Harbor Capital Appreciation Fund	4,355	409,701	495,087
	JPMorgan Equity Income Fund	18,942	492,289	453,472
	MFS International Intrinsic Value Fund	8,177	335,808	292,732
	Nyli Candriam Emerging Markets	18,994	174,332	195,450
	Vanguard Developed Markets Index Fund - Adm #127	19,420	283,615	298,288
	Vanguard Emerging Markets Stock Index Fund	5,409	184,076	198,876
	Vanguard Explorer Fund	1,875	191,354	200,294
	Vanguard FTSE All-World ex-US Small Cap Index Fund	4,554	117,638	128,363
	Vanguard Institutional Index Fund	3,868	1,326,457	1,852,218
	Vanguard Intermediate Term Treasury	19,200	378,413	376,125
	Vanguard Mid Cap Index Fund	13,126	765,749	947,820
	Vanguard Total Bond Market Index Fund	158,177	1,554,086	1,499,519
	Total Mutual Funds		<u>9,397,408</u>	<u>10,215,220</u>
	Total Investments		<u>\$ 9,934,058</u>	<u>\$ 10,751,870</u>

* A party in interest as defined by ERISA.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 39-1566457 Plan Number: 510

For Year Ended December 31, 2024

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/(Loss) (i)
Single transactions								
Purchase:	Dodge & Cox Income Fund	\$ 829,955	\$ -	\$ -	\$ -	\$ 829,955	\$ 829,955	\$ -
Sale:	Metropolitan West Total Return Bond Fund		1,011,065	-	-	1,151,011	1,011,065	(139,946)
Purchase:	Vanguard Total Bond Market Index Fund	877,818	-	-	-	877,818	877,818	-
Series transactions								
Purchases:	Federated Hermes Government Obligations Fund	\$ 1,369,788	\$ -	\$ -	\$ -	\$ 1,369,788	\$ 1,369,788	\$ -
Sales:	Federated Hermes Government Obligations Fund		1,036,546	-	-	1,036,546	1,036,546	-
Purchases:	Columbia Funds Integrated Large Cap Value Fund	117,766	-	-	-	117,766	117,766	-
Sales:	Columbia Funds Integrated Large Cap Value Fund		621,412	-	-	581,870	621,412	39,542
Purchases:	Dodge & Cox Income Fund	1,005,205	-	-	-	1,005,205	1,005,205	-
Sales:	Dodge & Cox Income Fund		56,915	-	-	56,318	56,915	597
Purchases:	Metropolitan West Total Return Bond Fund	11,174	-	-	-	11,174	11,174	-
Sales:	Metropolitan West Total Return Bond Fund		1,043,571	-	-	1,187,730	1,043,571	(144,159)
Purchases:	Vanguard Total Bond Market Index Fund	1,123,027	-	-	-	1,123,027	1,123,027	-
Sales:	Vanguard Total Bond Market Index Fund		98,448	-	-	109,792	98,448	(11,344)

* A party in interest as defined by ERISA.

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 39-1566457 Plan Number: 510

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party and Description of Investment	(c) Shares/ Par Value	(d) Cost	(e) Current Value
	Interest Bearing Cash			
	Federated Hermes Government Obligations Fund	536,650	\$ 536,650	\$ 536,650
	Mutual Funds			
	Baird Core Plus Bond Fund	93,837	995,119	939,311
	Columbia Funds Integrated Large Cap Growth Fund	20,600	374,758	448,876
	Delaware Small Cap Value Fund	4,188	192,719	203,142
	Dodge & Cox Income Fund	75,802	948,887	938,425
	Dodge & Cox International Stock Fund	5,893	277,985	294,066
	Dodge & Cox Stock Fund	1,762	394,422	453,156
	Harbor Capital Appreciation Fund	4,355	409,701	495,087
	JPMorgan Equity Income Fund	18,942	492,289	453,472
	MFS International Intrinsic Value Fund	8,177	335,808	292,732
	Nyli Candriam Emerging Markets	18,994	174,332	195,450
	Vanguard Developed Markets Index Fund - Adm #127	19,420	283,615	298,288
	Vanguard Emerging Markets Stock Index Fund	5,409	184,076	198,876
	Vanguard Explorer Fund	1,875	191,354	200,294
	Vanguard FTSE All-World ex-US Small Cap Index Fund	4,554	117,638	128,363
	Vanguard Institutional Index Fund	3,868	1,326,457	1,852,218
	Vanguard Intermediate Term Treasury	19,200	378,413	376,125
	Vanguard Mid Cap Index Fund	13,126	765,749	947,820
	Vanguard Total Bond Market Index Fund	158,177	1,554,086	1,499,519
	Total Mutual Funds		<u>9,397,408</u>	<u>10,215,220</u>
	Total Investments		<u>\$ 9,934,058</u>	<u>\$ 10,751,870</u>

* A party in interest as defined by ERISA.

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 a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan KOMATSU MINING CORP RETIREE WELFARE BENEFITS PLAN	1b Three-digit plan number (PN) ▶ 510
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KOMATSU MINING CORP. PO BOX 554 MILWAUKEE WI 53214	1c Effective date of plan 01/01/2011 2b Employer Identification Number (EIN) 39-1566457 2c Plan Sponsor's telephone number 414-670-4400 2d Business code (see instructions) 333100

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

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

SIGN HERE		10-14-2025	MATTHEW STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	309
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	309
a (2) Total number of active participants at the end of the plan year	6a(2)	196
b Retired or separated participants receiving benefits	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	196
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

4A **4B**

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

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

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

Komatsu Mining Corp. Retiree Welfare Benefits Plan

Form 5500, Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 39-1566457 Plan Number: 510

For Year Ended December 31, 2024

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/(Loss) (i)
Single transactions								
Purchase:	Dodge & Cox Income Fund	\$ 829,955	\$ -	\$ -	\$ -	\$ 829,955	\$ 829,955	\$ -
Sale:	Metropolitan West Total Return Bond Fund		1,011,065	-	-	1,151,011	1,011,065	(139,946)
Purchase:	Vanguard Total Bond Market Index Fund	877,818	-	-	-	877,818	877,818	-
Series transactions								
Purchases:	Federated Hermes Government Obligations Fund	\$ 1,369,788	\$ -	\$ -	\$ -	\$ 1,369,788	\$ 1,369,788	\$ -
Sales:	Federated Hermes Government Obligations Fund		1,036,546	-	-	1,036,546	1,036,546	-
Purchases:	Columbia Funds Integrated Large Cap Value Fund	117,766	-	-	-	117,766	117,766	-
Sales:	Columbia Funds Integrated Large Cap Value Fund		621,412	-	-	581,870	621,412	39,542
Purchases:	Dodge & Cox Income Fund	1,005,205	-	-	-	1,005,205	1,005,205	-
Sales:	Dodge & Cox Income Fund		56,915	-	-	56,318	56,915	597
Purchases:	Metropolitan West Total Return Bond Fund	11,174	-	-	-	11,174	11,174	-
Sales:	Metropolitan West Total Return Bond Fund		1,043,571	-	-	1,187,730	1,043,571	(144,159)
Purchases:	Vanguard Total Bond Market Index Fund	1,123,027	-	-	-	1,123,027	1,123,027	-
Sales:	Vanguard Total Bond Market Index Fund		98,448	-	-	109,792	98,448	(11,344)

* A party in interest as defined by ERISA.