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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                      |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                                                                                                                                                                                                                            |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>11/01/1964                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HECLA LIMITED<br><br>6500 N MINERAL DRIVE SUITE 200<br>COEUR DALENE, ID 83815 |
| 2b      | Employer Identification Number (EIN)<br>82-0126240                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>208-769-4100                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>212200                                                                                                                                                                                                                                                                                           |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 08/17/2026 | KARI MOYES                                                   |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 08/17/2026 | KARI MOYES                                                   |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RETIREMENT BOARD OF HECLA MINING CO<br><br>6500 N MINERAL DRIVE SUITE 200<br>COEUR DALENE, ID 83815                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br>82-0126240                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>3c</b> Administrator's telephone number<br>208-769-4100 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4d</b> PN                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 567                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 217                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6a(2)</b> 189                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6b</b> 144                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6c</b> 164                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6d</b> 497                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6e</b> 51                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6f</b> 548                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6g(1)</b>                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>6g(2)</b>                                               |
| <b>6h</b> 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 3H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                        | B Three-digit plan number (PN) ▶ 002                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HECLA LIMITED                                                 | D Employer Identification Number (EIN)<br>82-0126240                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 11 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 28016648                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 26242423                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 191                        | 12049175                  | 12049175                 |
| b      | For terminated vested participants                                                                                                                                                               | 159                        | 4338488                   | 4443315                  |
| c      | For active participants                                                                                                                                                                          | 217                        | 5218055                   | 7094190                  |
| d      | Total                                                                                                                                                                                            | 567                        | 21605718                  | 23586680                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.46 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 545694                    |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 175000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 720694                    |                          |

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

|                          |                                                                                                                                                                                                                                                    |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>NANCY TEAGUE LEE</div> <div>Type or print name of actuary</div> <div>NWPS</div> <div>Firm name</div> <div>160 W SANTA CLARA STREET<br/>SUITE 1550<br/>SAN JOSE, CA 95113</div> <div>Address of the firm</div> | <div>08/16/2026</div> <div>Date</div> <div>26-07500</div> <div>Most recent enrollment number</div> <div>650-960-5700</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 4052647                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 783142                 |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 3269505                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>20.21</u> % .....                                                                                | 0                     | 660767                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 3930272                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.59 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 111.25 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 97.77 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
5.07 %2nd segment:  
5.33 %3rd segment:  
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

2

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

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 720694**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance Installment  
1274529 121114**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 841808

|                                                                        | Carryover balance | Prefunding balance | Total balance |
|------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement ..... | 0                 | 841808             | 841808        |

**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |                                                      |     |
| A Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HECLA LIMITED                    | D Employer Identification Number (EIN)<br>82-0126240 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |                                                          |
| PINNACLE EQUITY FUND LP                                                                                    | 335 MADISON AVENUE 11TH FLOOR<br>NEW YORK, NY 10017-4611 |
| 13-3485967                                                                                                 |                                                          |

|                                                                                                            |                                                                              |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                              |
| DREYFUS CASH MANAGEMENT FUND                                                                               | MBSC SECURITIES CORPORATION<br>144 GLENN CURTISS BLVD<br>UNIONDALE, NY 11556 |
| 13-2603136                                                                                                 |                                                                              |

|                                                                                                            |                                                  |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                  |
| Q-BLK STRAT PTRS/BLACKROCK FIN MGMT                                                                        | 601 UNION STREET 56TH FLOOR<br>SEATTLE, WA 98101 |
| 13-3806691                                                                                                 |                                                  |

|                                                                                                            |                                                     |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                     |
| PIMCO TOTAL RETURN FUND                                                                                    | 840 NEWPORT CENTER DRIVE<br>NEWPORT BEACH, CA 92660 |
| 33-0629048                                                                                                 |                                                     |

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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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THE VANGUARD GROUP INC

PO BOX 2600  
VALLEY FORGE, PA 1948223-1945930

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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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BOSTON PARTNERS GLOBAL INVESTORS

909 THIRD AVENUE  
NEW YORK, NY 1002298-0202744

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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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BARINGS CORE PROPERTY FUND LP

ONE FINANCIAL PLAZA SUITE 1700  
HARTFORD, CT 06103-260420-5578089

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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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ALLSPRING FUNDS MANAGEMENT

1415 VANTAGE PARK DR 3RD FLOOR  
CHARLOTTE, NC 2820394-3382001

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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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AMERICAN EURO PACIFIC GROWTH

333 SOUTH HOPE STREET  
LOS ANGELES, CA 9007195-6810128

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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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**(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)

NWPS

160 W SANTA CLARA STREET  
SUITE 1550  
SAN JOSE, CA 96113

04-3724124

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 13                  | NONE                                                                                              | 71751                                                                  | 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)

BDO USA, LLP

221 N WALL STREET SUITE 400  
SPOKANE, WA 99201-0611

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 55700                                                                  | 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)

US BANK NA

555 SW OAK STREET 6TH FLOOR  
PORTLAND, OR 97208

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 20253                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

RV KUHN AND ASSOCIATES

1211 SW 5TH AVENUE SUITE 900  
PORTLAND, OR 97204

93-0910652

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 18337                                                                  | 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)

RREEF AMERICA II REIT

100 PLAZA ONE  
JERSEY CITY, NJ 07311-3901

36-4215573

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 8834                                                                   | 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)

WELLINGTON TRUST COMPANY, NA

280 CONGRESS STREET  
BOSTON, MA 02210

47-3828930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 8253                                                                   | 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"/>                          |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <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:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |                                                      |     |
| A Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>HECLA LIMITED             | D Employer Identification Number (EIN)<br>82-0126240 |     |

|                                                                             |                                                                                                                                                                           |                                                                                                      |  |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| Part I                                                                      | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: Q-BLK STRATEGIC PARTNERS, INC.      |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): BLACK ROCK FINANCIAL MANAGEMENT  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 13-3806691-000                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1727505 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): ROBECO/BOSTON PARTNERS           |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 98-0202744-000                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2081046 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CFT BLENDED OPP EM MKTS  |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY         |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN 47-3828930-001                                                     | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1632713 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                     |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                    | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                     |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                    | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                     |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                    | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                     |                                                                                                                                                                           |                                                                                                      |  |
| b Name of sponsor of entity listed in (a):                                  |                                                                                                                                                                           |                                                                                                      |  |
| c EIN-PN                                                                    | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)         |  |

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

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection               |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |                                                      |
| A Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HECLA LIMITED                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>82-0126240 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 5276                  | 154             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 116327                | 125797          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 1864514               | 2140138         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 4137308               | 5326846         |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 4844431               | 5441264         |
| <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>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 13173657              | 18615878        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                          |              |                       |                 |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                             | <b>1d(1)</b> | 3875134               | 0               |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 28016647              | 31650077        |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 28016647              | 31650077        |

**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: (A) Employers.....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants.....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 5782       |           |
| (B) U.S. Government securities.....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments.....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants).....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other.....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 5782      |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock.....                                                                        | <b>2b(2)(B)</b> | 605901     |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C).....                           | <b>2b(2)(D)</b> |            | 605901    |
| (3) Rents.....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other.....                                                                               | <b>2b(5)(B)</b> | 4458609    |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B).....       | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 5070292   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 1192992 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 1192992 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 3477    |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 71751   |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 0       |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 55700   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 35422   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 20253   |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |         |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 57267   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 243870  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 1436862 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3633430 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

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

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <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"/> |         |
| <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 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 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 checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <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 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 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 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"/> |                                     |         |
| <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 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 checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <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 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. ....                                                                                                                         |                                     |                                     |         |

**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 608382.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HECLA LIMITED                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>82-0126240                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 41-6271370                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  | 3                                                                                               | 1   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |     |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

## **Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

# **Lucky Friday Pension Plan**

## **Financial Statements and ERISA-Required Supplemental Schedules**

**Years Ended October 31, 2025 and 2024**

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



## **Lucky Friday Pension Plan**

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Financial Statements and ERISA-Required Supplemental Schedules  
Years Ended October 31, 2025 and 2024

# Lucky Friday Pension Plan

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Note: Additional supplemental schedules have been omitted because they are not applicable or are not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.



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300 Park Avenue, Suite 900  
San Jose, CA 95110

## Independent Auditor's Report

Plan Administrator  
Lucky Friday Pension Plan  
Coeur d'Alene, Idaho

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

We have performed audits of the financial statements of Lucky Friday Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of October 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of October 31, 2025 and 2024, 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*

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

- 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 (GAAP); and

the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



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

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

### ***Auditor's Responsibilities for the Audit of the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

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

The ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of October 31, 2025 and the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2025 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 certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

August 14, 2026

## Financial Statements

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# Lucky Friday Pension Plan

## Statements of Net Assets Available for Benefits

| <i>October 31,</i>                       | 2025                 | 2024                 |
|------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                            |                      |                      |
| Investments, at fair value               |                      |                      |
| Money market fund                        | \$ 125,797           | \$ 116,327           |
| Mutual funds                             | 18,615,878           | 13,173,657           |
| Real estate funds                        | 4,310,667            | 3,745,704            |
| Hedge fund                               | 1,727,505            | 1,565,839            |
| Common collective funds                  | 6,870,076            | 5,534,710            |
| Employer stock                           | -                    | 3,875,134            |
| <b>Total Investments</b>                 | <b>31,649,923</b>    | <b>28,011,371</b>    |
| Accrued income receivable                | 154                  | 5,276                |
| <b>Net Assets Available for Benefits</b> | <b>\$ 31,650,077</b> | <b>\$ 28,016,647</b> |

*See accompanying notes to financial statements.*

## Lucky Friday Pension Plan

### Statements of Changes in Net Assets Available for Benefits

| <i>Year ended October 31,</i>                               | <b>2025</b>          | <b>2024</b>          |
|-------------------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                            |                      |                      |
| Interest income                                             | \$ 5,782             | \$ 2,727             |
| Dividend income                                             | 605,901              | 651,823              |
| Net appreciation in fair value investments                  | 4,458,609            | 4,227,523            |
| <b>Total Investment Income</b>                              | <b>5,070,292</b>     | <b>4,882,073</b>     |
| <b>Deductions</b>                                           |                      |                      |
| Benefits paid to participants and beneficiaries             | 1,192,992            | 1,163,996            |
| Investment management and other plan expenses               | 243,870              | 259,598              |
| <b>Total Deductions</b>                                     | <b>1,436,862</b>     | <b>1,423,594</b>     |
| <b>Net Increase</b>                                         | <b>3,633,430</b>     | <b>3,458,479</b>     |
| <b>Net Assets Available for Benefits, beginning of year</b> | <b>28,016,647</b>    | <b>24,558,168</b>    |
| <b>Net Assets Available for Benefits, end of year</b>       | <b>\$ 31,650,077</b> | <b>\$ 28,016,647</b> |

*See accompanying notes to financial statements.*

# Lucky Friday Pension Plan

## Statements of Accumulated Plan Benefits

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| <i>October 31,</i>                                                | 2025                 | 2024                 |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits</b>       |                      |                      |
| Vested benefits:                                                  |                      |                      |
| Participants currently receiving benefits                         | \$ 11,203,298        | \$ 11,078,560        |
| Other participants                                                | 8,162,443            | 7,977,569            |
| <b>Total Vested Benefits</b>                                      | <b>19,365,741</b>    | <b>19,056,129</b>    |
| Non-vested benefits                                               | 1,435,146            | 1,656,994            |
| <b>Total Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 20,800,887</b> | <b>\$ 20,713,123</b> |

*See accompanying notes to financial statements.*

## Lucky Friday Pension Plan

### Statements of Changes in Accumulated Plan Benefits

| <i>Year ended October 31,</i>                                | <b>2025</b>   | <b>2024</b>   |
|--------------------------------------------------------------|---------------|---------------|
| <b>Actuarial Present Value of Accumulated Plan Benefits,</b> |               |               |
| beginning of year                                            | \$ 20,713,123 | \$ 20,400,904 |
| Increase (decrease) during the year attributable to:         |               |               |
| Benefits accumulated and actuarial experience                | (27,435)      | 355,408       |
| Interest                                                     | 1,308,191     | 1,288,824     |
| Benefits paid                                                | (1,192,992)   | (1,163,996)   |
| Assumption changes                                           | -             | (168,017)     |
| <b>Actuarial Present Value of Accumulated Plan Benefits,</b> |               |               |
| end of year                                                  | \$ 20,800,887 | \$ 20,713,123 |

*See accompanying notes to financial statements.*

# Lucky Friday Pension Plan

## Notes to Financial Statements

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### 1. Description of the Plan

The following brief description of the Lucky Friday Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### *General*

The Plan is a non-contributory, defined benefit pension plan covering all hourly employees of the Lucky Friday Mine of Hecla Mining Company (the Company or Employer). This Plan is maintained pursuant to a collective bargaining agreement between the Company and United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial, and Service Workers International Union, Local 5114. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended effective January 1, 2023 to freeze the Plan. Employees hired on or after January 1, 2023 will not be allowed to participate in the Plan, however, active participants will continue to accrue service under the terms of the Plan.

#### *Trustee and Administration of the Plan*

The trustee of the Plan is U.S. Bank National Association (Trustee). The Administrator of the Plan is the Company. The trustee holds all assets of the Plan in accordance with the service provider contract with the Company. The Retirement and Pension Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Board of Directors.

#### *Pension Benefits*

Effective November 1, 1987, active employees, or terminated, vested employees with five or more years of service are entitled to annual benefits beginning at normal retirement, age 65, equal to the sum of past and future service benefits. These sums are based on the employee's credited service to date, calculated to the nearest  $\frac{1}{12}$ <sup>th</sup> of a year from a participant's date of employment to their date of termination. The Plan permits early retirement with actuarially reduced benefits at ages 55-65 for employees with at least ten years of continuous service. The Plan also provides for retirement any time with no reduction of benefits if the employee has at least 30 years of service.

Benefit payments are \$16 per month for each year of credited service for employees who retired or terminated employment after May 23, 1981, but prior to June 3, 1990, with less than 30 years of credited service. Employees who retired or terminated employment after May 23, 1981, but prior to June 3, 1990, with more than 30 years of credited service receive benefit payments of \$17 per month for each year of service.

The Plan was amended on May 10, 2010 to increase the monthly pension benefit for all qualified employees who retire after the Plan amended date.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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| Retire After     | Benefit Amount<br>Per Month |
|------------------|-----------------------------|
| June 3, 1990     | \$ 20                       |
| June 6, 1993     | 23                          |
| June 1, 1996     | 28                          |
| June 14, 1999    | 33                          |
| December 3, 2003 | 35                          |
| May 1, 2006      | 38                          |
| May 10, 2010     | 41                          |
| May 1, 2013      | 44                          |

Effective January 1, 2023, the Plan was also amended to freeze the monthly pension benefit at \$44 per month for active participants.

Additionally, certain supplemental monthly pension benefits are provided to retirees who have 30 years of service until they are eligible to receive Social Security benefits, reach age 65, or upon death, whichever occurs first. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity.

### ***Death and Disability Benefits***

For active employees married at least one year, if death occurs before retirement and after five years of service, the surviving spouse will receive a monthly payment equal to 50% of the retirement benefits earned to date of death, for the surviving spouse's life. Active employees with over ten years of service who become totally disabled for six consecutive months will receive disability benefits equal to the greater of (a) the normal retirement benefits that have been earned up to the date of disability or (b) \$250 per month. In addition, a supplemental monthly pension will be payable until the employee is eligible for a public pension, age 65, or upon death, whichever occurs first.

### ***Mine Closing Benefits***

If employment is discontinued due to a permanent shutdown of the mine, a basic monthly pension and a supplement is payable. The basic monthly pension to eligible employees is equal to the accrued pension based on number of years of continuous service provided either (a) the employee's combined age and years of service is at least 80, or (b) the employee is at least 55, and combined age and years of service is at least 75.

### ***Funding Policy***

The Company's funding policy is to make annual contributions to the Plan in amounts that are determined by the Plan's actuaries and are based on amounts required to be funded under the terms of the Plan. The Plan has met its actuarially determined funding requirement for the years ended October 31, 2025 and 2024, respectively. The Company generally makes contributions to the Plan in the form of Company common stock.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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### 2. Summary of Accounting Policies

#### *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States (GAAP).

#### *Use of Estimates*

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

#### *Investment Valuation and Income*

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received when selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). See Note 8 for further discussion and disclosure related to fair value measurements.

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

#### *Payment of Benefits*

Benefit payments to participants are recorded when paid.

#### *Risks and Uncertainties*

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Plan contributions and the actuarial present value of accumulated plan benefits are determined based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the level of risk associated with the uncertainty related to changes in the value of investment securities and uncertainties inherent in the estimation and assumption process for accumulated Plan benefits, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements. The Plan had two investments totaling 27% and 23% of total investments at October 31, 2025 and 2024, respectively.

#### *Administrative Expenses*

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan and PBGC premiums are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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### 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those expected future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their credited service during the period of employment ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent enrolled actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawals, or retirement) between the valuation date and expected date of payment. The Plan's actuary is NWPS.

The significant actuarial assumptions used in the valuations, were as follows:

| <i>October 31,</i>     | <b>2025</b>                        | <b>2024</b>                        |
|------------------------|------------------------------------|------------------------------------|
| Interest               | <b>6.5% per year</b>               | 6.5% per year                      |
| Mortality              | IRS 2024 Static<br>Mortality Table | IRS 2024 Static<br>Mortality Table |
| Average Retirement Age | 65-69                              | 65-69                              |

The foregoing actuarial assumptions are used 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 accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2025 and 2024. Had the valuations been performed as of October 31, 2025 and 2024 there would have been no material differences.

### 4. Information Certified by U.S. Bank National Association

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank National Association, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments in money market funds in the amount of \$125,797 and \$116,327, respectively, mutual funds in the amount of \$18,615,878 and \$13,173,657, respectively, and employer common stock of \$0 and \$3,875,134, respectively, as shown in the statements of net assets available for benefits as of October 31, 2025 and 2024.
- Total interest income of \$5,667 and \$2,177, respectively, dividend income of \$380,714 and \$375,224, respectively, and net appreciation in fair value of investments of \$3,009,945 and \$3,651,113, respectively, related to money market funds, mutual funds, and employer

# Lucky Friday Pension Plan

## Notes to Financial Statements

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common stocks as shown in the statements changes in net assets available for benefits for the years ended October 31, 2025 and 2024.

- All investment information related to money market funds, mutual funds, and employer common stocks included in the Schedule H, Line 4i - Schedule of Assets (Held at End of Year), as of October 31, 2025.
- All investment information related to money market funds, mutual funds, and employer common stocks included in the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2025.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

### 5. Related Party and Party in Interest Transactions

Hecla Mining Company common stock is a Plan investment. As Hecla Mining Company is the Plan Sponsor, these transactions qualify as party-in-interest transactions. During the years ended October 31, 2025 and 2024, there were no employer contributions of the Company's common stock. During the year ended October 31, 2025 the plan sold all shares of employer common stock. At October 31, 2024, the Plan held 597,093 shares of the Company's stock valued at \$3,875,134. During the years ended October 31, 2025 and 2024, respectively, dividends of \$14,832 and \$19,259 were recognized as income by the Plan from employer common stock. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

The Trustee is a party in interest as defined by ERISA. The Plan paid certain expenses amounting to \$20,253 and \$19,301, respectively, for the years ended October 31, 2025 and 2024, related to Plan operations. Such transactions are exempt from the prohibition of party-in-interest transactions under ERISA.

### 6. Tax Status

The Internal Revenue Service (IRS) advised on September 16, 2013, that the Plan constitutes a qualified trust under Section 401(a) of the Internal Revenue Code (IRC) and is therefore exempt from federal income taxes under provisions of Section 501(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator believe the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is reflected in the accompanying statements of changes in net assets available for benefits.

GAAP requires Plan 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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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### 7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

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

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

The Plan provides that following a change in control of the Company, as defined, the assets of the Plan shall be applied in accordance with the provisions of the Plan agreement to satisfy all liabilities to participants and beneficiaries, and any remaining assets shall be applied on a pro rata basis to increase the benefits of the participants and beneficiaries.

### 8. Fair Value Measurements

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 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.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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*Level 2* - Inputs to the valuation methodology include:

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

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

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

The asset 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 observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at October 31, 2025 or 2024.

*Mutual Funds* - Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and to transact at the price. The mutual funds held by the Plan are deemed to be actively traded.

*Employer Stock* - Employer common stock is valued at the closing price reported on the active market on which the securities are traded on the last business day of the Plan year.

*Money Market Fund* - Money market fund consists of investments in an institutions money market fund that permits daily redemption, the fair value of which is based upon the quoted price in active markets provided by the financial institution managing this fund.

*Real Estate Funds* - Real estate funds are valued at the NAV of units of the real estate funds. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Hedge Fund* - Hedge fund is valued at the NAV of units of the hedge fund. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Common Collective Funds* - Common collective funds are valued at the NAV of units of the common collective funds. The NAV, as provided by the fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

# Lucky Friday Pension Plan

## Notes to Financial Statements

The following tables present the Plan investments that are measured at fair value on a recurring basis, and the levels of inputs used to measure fair value:

### October 31, 2025

| Description                                           | Total                | Level 1              | Level 2     | Level 3     |
|-------------------------------------------------------|----------------------|----------------------|-------------|-------------|
| <b>Investments, measured at fair value</b>            |                      |                      |             |             |
| Mutual funds                                          | \$ 18,615,878        | \$ 18,615,878        | \$ -        | \$ -        |
| Money market fund                                     | 125,797              | 125,797              | -           | -           |
| <b>Total Investments, in the fair value hierarchy</b> | <b>18,741,675</b>    | <b>\$ 18,741,675</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>Investments, measured at NAV:</b>                  |                      |                      |             |             |
| Real estate funds                                     | 4,310,667            |                      |             |             |
| Hedge fund                                            | 1,727,505            |                      |             |             |
| Common collective funds                               | 6,870,076            |                      |             |             |
| <b>Total Investments, measured at NAV*</b>            | <b>12,908,248</b>    |                      |             |             |
| <b>Total Fair Value</b>                               | <b>\$ 31,649,923</b> |                      |             |             |

### October 31, 2024

| Description                                           | Total                | Level 1              | Level 2     | Level 3     |
|-------------------------------------------------------|----------------------|----------------------|-------------|-------------|
| <b>Investments, measured at fair value</b>            |                      |                      |             |             |
| Mutual funds                                          | \$ 13,173,657        | \$ 13,173,657        | \$ -        | \$ -        |
| Employer Stock                                        | 3,875,134            | 3,875,134            | -           | -           |
| Money market fund                                     | 116,327              | 116,327              | -           | -           |
| <b>Total Investments, in the fair value hierarchy</b> | <b>17,165,118</b>    | <b>\$ 17,165,118</b> | <b>\$ -</b> | <b>\$ -</b> |
| <b>Investments, measured at NAV:</b>                  |                      |                      |             |             |
| Real estate funds                                     | 3,745,704            |                      |             |             |
| Hedge fund                                            | 1,565,839            |                      |             |             |
| Common collective funds                               | 5,534,710            |                      |             |             |
| <b>Total Investments, measured at NAV*</b>            | <b>10,846,253</b>    |                      |             |             |
| <b>Total Fair Value</b>                               | <b>\$ 28,011,371</b> |                      |             |             |

\* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items present in the statements of net assets available for benefits.

# Lucky Friday Pension Plan

## Notes to Financial Statements

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The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of October 31, 2025 and 2024. There are no unfunded commitments related to these investments. There are no restrictions on redemptions of these funds as of October 31, 2025 and 2024, except as limited by the redemption terms discussed below.

| Description             | Investment Strategy                                                                                                 | Redemption Terms                                         |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Real estate funds       | Invest in real estate properties among the four major property types (office, industrial, retail and multi-family). | Allowed quarterly with notice of between 45 and 60 days. |
| Hedge fund              | Invest in a variety of asset classes which aim to diversify sources of returns.                                     | Allowed quarterly with notice of 90 days.                |
| Common collective funds | Invest in U.S. large cap or small/medium cap public equities in actively traded managed equity portfolios.          | Allowed daily or with notice of 30 days.                 |

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

### 9. Subsequent Events

The company has evaluated subsequent events through August 14, 2026, which is the date the financial statements were available to be issued.

## ERISA-Required Supplemental Schedules

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# Lucky Friday Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 82-0126240 Plan No.: 002

October 31, 2025

| (a)                                  | (b)                                                       | (c)                                                                                                               | (d)           | (e)           |
|--------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|---------------|
|                                      | Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost          | Current Value |
| <b>Money Market Fund</b>             |                                                           |                                                                                                                   |               |               |
|                                      | Dreyfus                                                   | Money Market Fund                                                                                                 | \$ 125,797    | \$ 125,797    |
| <b>Real Estate Funds</b>             |                                                           |                                                                                                                   |               |               |
|                                      | Reef America II                                           | REIT                                                                                                              | 1,956,729     | 2,140,138     |
|                                      | Barings Core                                              | Property Fund                                                                                                     | 2,186,197     | 2,170,529     |
| <b>Total Real Estate Funds</b>       |                                                           |                                                                                                                   | 4,142,926     | 4,310,667     |
| <b>Hedge Fund</b>                    |                                                           |                                                                                                                   |               |               |
|                                      | Q-Block Strategic Partners                                | Hedge Fund                                                                                                        | 1,602,621     | 1,727,505     |
| <b>Common Collective Funds</b>       |                                                           |                                                                                                                   |               |               |
|                                      | Pinnacle                                                  | Equity Fund                                                                                                       | 3,115,595     | 3,156,317     |
|                                      | Boston Partners                                           | Large Cap Value Fund                                                                                              | 709,545       | 2,081,046     |
|                                      | Wellington Trust Company                                  | Common Collective Fund                                                                                            | 1,854,721     | 1,632,713     |
| <b>Total Common Collective Funds</b> |                                                           |                                                                                                                   | 5,679,861     | 6,870,076     |
| <b>Mutual Funds</b>                  |                                                           |                                                                                                                   |               |               |
|                                      | American Euro Pac                                         | Growth Fund                                                                                                       | 3,513,763     | 4,285,942     |
|                                      | Vanguard                                                  | Total Bond Market Index                                                                                           | 2,129,050     | 1,984,877     |
|                                      | PIMCO                                                     | Total Return Fund                                                                                                 | 2,232,078     | 2,000,314     |
|                                      | Vanguard                                                  | Total International Stock                                                                                         | 3,026,136     | 4,208,434     |
|                                      | Vanguard                                                  | Growth Index                                                                                                      | 953,874       | 2,187,358     |
|                                      | Vanguard                                                  | Total Stock Market Index                                                                                          | 1,324,592     | 1,968,946     |
|                                      | Wells Fargo                                               | Advanced Total Return                                                                                             | 2,159,504     | 1,980,007     |
| <b>Total Mutual Funds</b>            |                                                           |                                                                                                                   | 15,338,997    | 18,615,878    |
| <b>Total</b>                         |                                                           |                                                                                                                   | \$ 26,890,202 | \$ 31,649,923 |

\* Represents party-in-interest as defined by ERISA.

**Lucky Friday Pension Plan**  
**Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions**

**EIN: 82-0126240**

**Plan No.: 002**

*Year ended October 31, 2025*

| (a)                                              | (b)                  | (c)            | (d)           | (e)          | (f)                               | (g)           | (h)                                        | (i)       |
|--------------------------------------------------|----------------------|----------------|---------------|--------------|-----------------------------------|---------------|--------------------------------------------|-----------|
| Identity of Party Involved                       | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain  |
| <b>Category (i) - Single Transactions</b>        |                      |                |               |              |                                   |               |                                            |           |
| Dreyfus                                          | Money Market Fund    | \$ 2,365,660   | \$ -          | \$ -         | \$ -                              | \$ 2,365,660  | \$ 2,365,660                               | \$ -      |
| Dreyfus                                          | Money Market Fund    | 2,330,432      | -             | -            | -                                 | 2,330,432     | 2,330,432                                  | -         |
| Dreyfus                                          | Money Market Fund    | 4,648,076      | -             | -            | -                                 | 4,648,076     | 4,648,076                                  | -         |
| Dreyfus                                          | Money Market Fund    | -              | 4,703,862     | -            | -                                 | 4,703,862     | 4,703,862                                  | -         |
| Dreyfus                                          | Money Market Fund    | -              | 3,900,000     | -            | -                                 | 3,900,000     | 3,900,000                                  | -         |
| <b>Category (iii) - a Series of Transactions</b> |                      |                |               |              |                                   |               |                                            |           |
| Dreyfus                                          | Money Market Fund    | \$ 15,798,342  | \$ -          | \$ -         | \$ -                              | \$ 15,798,342 | \$ 15,798,342                              | \$ -      |
| Dreyfus                                          | Money Market Fund    | -              | 15,788,877    | -            | -                                 | 15,788,877    | 15,788,877                                 | -         |
| * Hecla Mining Company                           | Employer Stock       | -              | 4,703,862     | -            | 11,942                            | 2,460,507     | 4,703,862                                  | 2,243,355 |
| Q-Block Strategic Partners                       | Hedge Fund           | 1,602,622      | -             | -            | -                                 | 1,602,622     | 1,602,622                                  | -         |
| Q-Block Strategic partners                       | Hedge Fund           | -              | 1,602,622     | -            | -                                 | 1,317,782     | 1,602,622                                  | 284,840   |

There were no category (ii) or (iv) reportable transactions.

\* Represents party-in-interest as defined by ERISA.

2024 Form 5500 Schedule SB

Plan Name:

Employer ID Number:

Plan Number:

Line 26a

Lucky Friday Pension Plan

82-0126240

002

**Schedule of Active Participant Data**

| Age      | Credited Service |        |        |          |          |          |          |          |          |         | Total |
|----------|------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------|
|          | <1               | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |       |
| Under 25 | 0                | 14     | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 14    |
| 25 to 29 | 0                | 23     | 3      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 26    |
| 30 to 34 | 0                | 19     | 6      | 3        | 0        | 0        | 0        | 0        | 0        | 0       | 28    |
| 35 to 39 | 0                | 24     | 5      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 39    |
| 40 to 44 | 0                | 5      | 4      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 19    |
| 45 to 49 | 0                | 10     | 3      | 7        | 7        | 1        | 1        | 0        | 0        | 0       | 29    |
| 50 to 54 | 0                | 5      | 3      | 5        | 4        | 1        | 1        | 0        | 0        | 0       | 19    |
| 55 to 59 | 0                | 2      | 1      | 5        | 7        | 3        | 2        | 0        | 1        | 0       | 21    |
| 60 to 64 | 0                | 7      | 4      | 2        | 2        | 3        | 0        | 0        | 0        | 0       | 18    |
| 65 to 69 | 0                | 1      | 1      | 1        | 1        | 0        | 0        | 0        | 0        | 0       | 4     |
| 70 & up  | 0                | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| Total    | 0                | 110    | 30     | 33       | 31       | 8        | 4        | 0        | 1        | 0       | 217   |

Average compensation information is not reported because the plan benefit is not pay related.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS**

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**Actuarial Cost Method:** Unit Credit Method

**Actuarial Assumptions:**

**Interest Discount Rate:** Adjusted segment rates for September 2024 (5.07%, 5.33%, 5.59%). Unadjusted segment rates for maximum tax deductible contribution calculations (5.07%, 5.33%, 5.36%).  
6.50% per annum for ASC 960 calculations.

**Investment Return:** 6.50% long term rate used for Actuarial Value of Assets calculation (capped at 3<sup>rd</sup> segment rate, if less). 4.75% (1<sup>st</sup> Segment rate from prior year valuation) used for investment gain/loss.

**Operational Expense:** \$175,000 per year.

**Mortality:** Pre-and Post-Retirement: IRS 2024 Generational Mortality Table.  
Disabled: IRS Revenue Ruling 96-7 Disabled Life Mortality Table.

**Disability:** 1952 Society of Actuaries Period 2, Benefit 5 Disability Table.

**Turnover:** W70 from Advanced Pension Tables. Rates are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20         | 8.6%        |
| 25         | 6.6%        |
| 30         | 5.2%        |
| 35         | 4.1%        |
| 40         | 3.1%        |
| 45         | 2.1%        |
| 50         | 1.0%        |

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

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**Retirement Age:** The current valuation uses retirement rates based on age and service:

| Probability of Retiring Within 1 Year |                |           |           |           |           |           |                   |
|---------------------------------------|----------------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Years of Service                      |                |           |           |           |           |           |                   |
| <u>Age</u>                            | <u>&lt; 25</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | <u>29</u> | <u>30 or more</u> |
| 55-59                                 | 3%             | 0%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 60                                    | 3%             | 3%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 61                                    | 3%             | 3%        | 3%        | 0%        | 0%        | 0%        | 100%              |
| 62                                    | 25%            | 25%       | 25%       | 25%       | 0%        | 0%        | 100%              |
| 63                                    | 10%            | 10%       | 10%       | 10%       | 0%        | 0%        | 100%              |
| 64                                    | 10%            | 10%       | 10%       | 10%       | 10%       | 0%        | 100%              |
| 65                                    | 75%            | 75%       | 75%       | 75%       | 75%       | 75%       | 100%              |
| 66-69                                 | 50%            | 50%       | 50%       | 50%       | 50%       | 50%       | 100%              |
| 70 +                                  | 100%           | 100%      | 100%      | 100%      | 100%      | 100%      | 100%              |

Vested inactive participants are assumed to retire at age 65.

**Marital Status:** 80% of participants are assumed to be married. Female spouse is assumed to be 3 years younger than the male spouse.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

---

**Form of Payment:** All currently active married participants are assumed to elect a 50% Joint & Survivor benefit with pop-up. All currently active single participants are assumed to elect a Single Life Annuity. All married participants and their spouses are assumed to elect to receive the Part B Medicare Coverage. 50% of participants and their spouses are assumed to elect to receive the Medicare Supplement. Current vested inactive participants are assumed to elect a Single Life Annuity.

**Asset Valuation:** The actuarial value of assets is developed using the average value method specified by IRC Section 430(g). Average values are taken annually as of the valuation date and for the two prior valuation dates and are adjusted for contributions, benefit payments and expected earnings. Actuarial value may not be less than 90% nor more than 110% of market value.

**Funding Relief:** Lucky Friday elected to apply the funding shortfall relief beginning with the November 1, 2019 plan year as well as the segment rate relief beginning with the November 1, 2020 plan year as permissible under the American Rescue Pan Act of 2021.

**Changes Since Prior Valuation:** The mortality table was updated from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as required under PPA. The funding and maximum deductible interest rate assumptions were updated as mandated by law.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

#### **SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

---

**Plan Type:** Qualified defined benefit plan.

**Plan Effective Date:** November 16, 1964

**Plan Freeze:** Frozen to new entrants on January 1, 2023.

**Plan Year:** November 1 - October 31

**Eligibility:** Members of collective bargaining unit represented by the United Steel Workers of America, Local 5114 employed by Hecla Mining Company at the Lucky Friday Mine.

**Normal Retirement:** Age 65 and one year of service.

**Normal Retirement Benefit:** \$44 per month per year of employment, effective May 1, 2013.

**Normal Form of Benefit:** Life annuity.

**Service Retirement:** 30 years of employment at Lucky Friday Mine. Participants with at least 27 years of employment laid-off between August 1, 2001 and August 1, 2003 will continue to accrue eligibility service.

**Service Retirement Benefit:** Normal retirement benefit plus \$275 per month until death, receipt of full Social Security disability pension or Social Security normal retirement age.

**Early Retirement:** Age 55 and 10 years of continuous service.

**Early Retirement Benefit:** Normal retirement benefit reduced 1/4% per month early at ages 60-65 and additional 1/2% per month early at ages 55-59.

**Disability Retirement:** 10 years of continuous service and permanently and continuously disabled with 6 month wait.

**Disability Retirement Benefit:** Normal retirement benefit but not less than \$250 per month plus \$350 per month payable until death, receipt of Social Security (Old Age or Disability Benefit), or age 65, whichever comes first.

**Pre-Retirement Death:** Vested and married for at least one year.

**Pre-Retirement Death Benefit:** Active: 50% of normal retirement benefit. Inactive: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% joint and survivor annuity.

**Plant Shutdown:** Age 55 and age plus service at least 75, or age plus service at least 80.

**Plant Shutdown Benefit:** Normal retirement benefit plus \$230 per month until death, receipt of full Social Security disability pension or Social Security normal retirement age.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS (CONTINUED)**

---

**Medicare Supplement:** \$53.30 per quarter with the purchase of Medicare Part B coverage plus \$76.70 per quarter with the purchase of a supplement to Medicare plan.

**Actuarial Equivalence:** UP-1984 Mortality Table and 7.0% Interest.

**Changes in Plan Provisions Since Prior Valuation:** None.

**Plan Provisions Excluded from Measurement:** We have not included any plant shutdown benefits in the funding target because the likelihood of such an event is very difficult to predict and we have not been notified by the plan sponsor that a plant shutdown is likely to occur.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS**

---

**Actuarial Cost Method:** Unit Credit Method

**Actuarial Assumptions:**

**Interest Discount Rate:** Adjusted segment rates for September 2024 (5.07%, 5.33%, 5.59%). Unadjusted segment rates for maximum tax deductible contribution calculations (5.07%, 5.33%, 5.36%).  
6.50% per annum for ASC 960 calculations.

**Investment Return:** 6.50% long term rate used for Actuarial Value of Assets calculation (capped at 3<sup>rd</sup> segment rate, if less). 4.75% (1<sup>st</sup> Segment rate from prior year valuation) used for investment gain/loss.

**Operational Expense:** \$175,000 per year.

**Mortality:** Pre-and Post-Retirement: IRS 2024 Generational Mortality Table.  
Disabled: IRS Revenue Ruling 96-7 Disabled Life Mortality Table.

**Disability:** 1952 Society of Actuaries Period 2, Benefit 5 Disability Table.

**Turnover:** W70 from Advanced Pension Tables. Rates are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20         | 8.6%        |
| 25         | 6.6%        |
| 30         | 5.2%        |
| 35         | 4.1%        |
| 40         | 3.1%        |
| 45         | 2.1%        |
| 50         | 1.0%        |

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

---

**Retirement Age:** The current valuation uses retirement rates based on age and service:

| Probability of Retiring Within 1 Year |                |           |           |           |           |           |                   |
|---------------------------------------|----------------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Years of Service                      |                |           |           |           |           |           |                   |
| <u>Age</u>                            | <u>&lt; 25</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | <u>29</u> | <u>30 or more</u> |
| 55-59                                 | 3%             | 0%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 60                                    | 3%             | 3%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 61                                    | 3%             | 3%        | 3%        | 0%        | 0%        | 0%        | 100%              |
| 62                                    | 25%            | 25%       | 25%       | 25%       | 0%        | 0%        | 100%              |
| 63                                    | 10%            | 10%       | 10%       | 10%       | 0%        | 0%        | 100%              |
| 64                                    | 10%            | 10%       | 10%       | 10%       | 10%       | 0%        | 100%              |
| 65                                    | 75%            | 75%       | 75%       | 75%       | 75%       | 75%       | 100%              |
| 66-69                                 | 50%            | 50%       | 50%       | 50%       | 50%       | 50%       | 100%              |
| 70 +                                  | 100%           | 100%      | 100%      | 100%      | 100%      | 100%      | 100%              |

Vested inactive participants are assumed to retire at age 65.

**Marital Status:** 80% of participants are assumed to be married. Female spouse is assumed to be 3 years younger than the male spouse.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

---

**Form of Payment:** All currently active married participants are assumed to elect a 50% Joint & Survivor benefit with pop-up. All currently active single participants are assumed to elect a Single Life Annuity. All married participants and their spouses are assumed to elect to receive the Part B Medicare Coverage. 50% of participants and their spouses are assumed to elect to receive the Medicare Supplement. Current vested inactive participants are assumed to elect a Single Life Annuity.

**Asset Valuation:** The actuarial value of assets is developed using the average value method specified by IRC Section 430(g). Average values are taken annually as of the valuation date and for the two prior valuation dates and are adjusted for contributions, benefit payments and expected earnings. Actuarial value may not be less than 90% nor more than 110% of market value.

**Funding Relief:** Lucky Friday elected to apply the funding shortfall relief beginning with the November 1, 2019 plan year as well as the segment rate relief beginning with the November 1, 2020 plan year as permissible under the American Rescue Pan Act of 2021.

**Changes Since Prior Valuation:** The mortality table was updated from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as required under PPA. The funding and maximum deductible interest rate assumptions were updated as mandated by law.

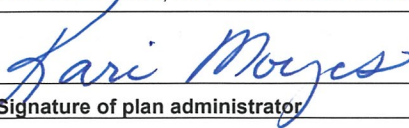
|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for:<br><div><input type="checkbox"/> a multiemployer plan<br/><input checked="" type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                       |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>                                                                                                                                                                                                                                                                   |

|         |                                                                                                                                                                                                                                                                                                                                         |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                  |
| 1a      | Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) 002                                                                                                                                                                                                                                                                                                        |
| 1c      | Effective date of plan<br>11/01/1964                                                                                                                                                                                                                                                                                                    |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HECLA LIMITED<br><br>6500 N MINERAL DRIVE SUITE 200<br><br>COEUR DALENE ID 83815 |
| 2b      | Employer Identification Number (EIN)<br>82-0126240                                                                                                                                                                                                                                                                                      |
| 2c      | Plan Sponsor's telephone number<br>208-769-4100                                                                                                                                                                                                                                                                                         |
| 2d      | Business code (see instructions)<br>212200                                                                                                                                                                                                                                                                                              |

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 |  | 8/17/26 | Kari Moyes                                                   |
|           | 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                      |

**Lucky Friday Pension Plan**  
**Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions**

**EIN: 82-0126240**

**Plan No.: 002**

*Year ended October 31, 2025*

| (a)                                              | (b)                  | (c)            | (d)           | (e)          | (f)                               | (g)           | (h)                                        | (i)       |
|--------------------------------------------------|----------------------|----------------|---------------|--------------|-----------------------------------|---------------|--------------------------------------------|-----------|
| Identity of Party Involved                       | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain  |
| <b>Category (i) - Single Transactions</b>        |                      |                |               |              |                                   |               |                                            |           |
| Dreyfus                                          | Money Market Fund    | \$ 2,365,660   | \$ -          | \$ -         | \$ -                              | \$ 2,365,660  | \$ 2,365,660                               | \$ -      |
| Dreyfus                                          | Money Market Fund    | 2,330,432      | -             | -            | -                                 | 2,330,432     | 2,330,432                                  | -         |
| Dreyfus                                          | Money Market Fund    | 4,648,076      | -             | -            | -                                 | 4,648,076     | 4,648,076                                  | -         |
| Dreyfus                                          | Money Market Fund    | -              | 4,703,862     | -            | -                                 | 4,703,862     | 4,703,862                                  | -         |
| Dreyfus                                          | Money Market Fund    | -              | 3,900,000     | -            | -                                 | 3,900,000     | 3,900,000                                  | -         |
| <b>Category (iii) - a Series of Transactions</b> |                      |                |               |              |                                   |               |                                            |           |
| Dreyfus                                          | Money Market Fund    | \$ 15,798,342  | \$ -          | \$ -         | \$ -                              | \$ 15,798,342 | \$ 15,798,342                              | \$ -      |
| Dreyfus                                          | Money Market Fund    | -              | 15,788,877    | -            | -                                 | 15,788,877    | 15,788,877                                 | -         |
| * Hecla Mining Company                           | Employer Stock       | -              | 4,703,862     | -            | 11,942                            | 2,460,507     | 4,703,862                                  | 2,243,355 |
| Q-Block Strategic Partners                       | Hedge Fund           | 1,602,622      | -             | -            | -                                 | 1,602,622     | 1,602,622                                  | -         |
| Q-Block Strategic partners                       | Hedge Fund           | -              | 1,602,622     | -            | -                                 | 1,317,782     | 1,602,622                                  | 284,840   |

There were no category (ii) or (iv) reportable transactions.

\* Represents party-in-interest as defined by ERISA.

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>LUCKY FRIDAY PENSION PLAN                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>HECLA LIMITED                                                 | <b>D</b> Employer Identification Number (EIN)<br>82-0126240                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2024</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value.....                                                                                                                                                                                      |                            | <b>2a</b>                 | 28,016,648               |
| b Actuarial value.....                                                                                                                                                                                   |                            | <b>2b</b>                 | 26,242,423               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 191                        | 12,049,175                | 12,049,175               |
| b For terminated vested participants .....                                                                                                                                                               | 159                        | 4,338,488                 | 4,443,315                |
| c For active participants.....                                                                                                                                                                           | 217                        | 5,218,055                 | 7,094,190                |
| d Total.....                                                                                                                                                                                             | 567                        | 21,605,718                | 23,586,680               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                    |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.46%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                              |                            |                           |                          |
| a Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 545,694                   |                          |
| b Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 175,000                   |                          |
| c Target normal cost .....                                                                                                                                                                               | <b>6c</b>                  | 720,694                   |                          |

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

|                                                                                    |                                                 |                                                        |
|------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <b>SIGN HERE</b>                                                                   | <i>Nancy Teague Lee</i><br>Signature of actuary | 8/16/2026<br>Date                                      |
| NANCY TEAGUE LEE                                                                   | Type or print name of actuary                   | 2607500<br>Most recent enrollment number               |
| NWPS                                                                               | Firm name                                       | 650-960-5700<br>Telephone number (including area code) |
| 160 W SANTA CLARA STREET<br>SUITE 1550<br>SAN JOSE CA 95113<br>Address of the firm |                                                 |                                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐  
**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**  
**Schedule SB (Form 5500) 2024 v. 240311**

2024 Form 5500 Schedule SB Line 22  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**Description of Weighted Average Retirement Age**

**Retirement Age:** The current valuation uses retirement rates based on age and service:

|    | Lx       | Qx   | Rx       |           |
|----|----------|------|----------|-----------|
| 55 | 1.000000 | 3%   | 0.030000 | 1.650000  |
| 56 | 0.970000 | 3%   | 0.029100 | 1.629600  |
| 57 | 0.940900 | 3%   | 0.028227 | 1.608939  |
| 58 | 0.912673 | 3%   | 0.027380 | 1.588051  |
| 59 | 0.885293 | 3%   | 0.026559 | 1.566968  |
| 60 | 0.858734 | 3%   | 0.025762 | 1.545721  |
| 61 | 0.832972 | 3%   | 0.024989 | 1.524339  |
| 62 | 0.807983 | 25%  | 0.201996 | 12.523734 |
| 63 | 0.605987 | 10%  | 0.060599 | 3.817719  |
| 64 | 0.545388 | 10%  | 0.054539 | 3.490486  |
| 65 | 0.490850 | 75%  | 0.368137 | 23.928917 |
| 66 | 0.122712 | 50%  | 0.061356 | 4.049509  |
| 67 | 0.061356 | 50%  | 0.030678 | 2.055433  |
| 68 | 0.030678 | 50%  | 0.015339 | 1.043055  |
| 69 | 0.015339 | 50%  | 0.007670 | 0.529197  |
| 70 | 0.007670 | 100% | 0.007670 | 0.536867  |
|    |          |      | 1        | 63.088535 |

The above shows the calculation of average weighted retirement age for those with less than 25 years of service.

Participants are assumed to retire immediately when they have 30 years of service.

Participants with 25 years of service, but less than 30 years of service have slightly different rates.

2024 Form 5500 Schedule SB

Plan Name:

Employer ID Number:

Plan Number:

Line 26a

Lucky Friday Pension Plan

82-0126240

002

**Schedule of Active Participant Data**

| Age      | Credited Service |        |        |          |          |          |          |          |          |         | Total |
|----------|------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------|
|          | <1               | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |       |
| Under 25 | 0                | 14     | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 14    |
| 25 to 29 | 0                | 23     | 3      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 26    |
| 30 to 34 | 0                | 19     | 6      | 3        | 0        | 0        | 0        | 0        | 0        | 0       | 28    |
| 35 to 39 | 0                | 24     | 5      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 39    |
| 40 to 44 | 0                | 5      | 4      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 19    |
| 45 to 49 | 0                | 10     | 3      | 7        | 7        | 1        | 1        | 0        | 0        | 0       | 29    |
| 50 to 54 | 0                | 5      | 3      | 5        | 4        | 1        | 1        | 0        | 0        | 0       | 19    |
| 55 to 59 | 0                | 2      | 1      | 5        | 7        | 3        | 2        | 0        | 1        | 0       | 21    |
| 60 to 64 | 0                | 7      | 4      | 2        | 2        | 3        | 0        | 0        | 0        | 0       | 18    |
| 65 to 69 | 0                | 1      | 1      | 1        | 1        | 0        | 0        | 0        | 0        | 0       | 4     |
| 70 & up  | 0                | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| Total    | 0                | 110    | 30     | 33       | 31       | 8        | 4        | 0        | 1        | 0       | 217   |

Average compensation information is not reported because the plan benefit is not pay related.

2024 Form 5500 Schedule SB Line 22  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**Description of Weighted Average Retirement Age**

**Retirement Age:** The current valuation uses retirement rates based on age and service:

|    | Lx       | Qx   | Rx       |           |
|----|----------|------|----------|-----------|
| 55 | 1.000000 | 3%   | 0.030000 | 1.650000  |
| 56 | 0.970000 | 3%   | 0.029100 | 1.629600  |
| 57 | 0.940900 | 3%   | 0.028227 | 1.608939  |
| 58 | 0.912673 | 3%   | 0.027380 | 1.588051  |
| 59 | 0.885293 | 3%   | 0.026559 | 1.566968  |
| 60 | 0.858734 | 3%   | 0.025762 | 1.545721  |
| 61 | 0.832972 | 3%   | 0.024989 | 1.524339  |
| 62 | 0.807983 | 25%  | 0.201996 | 12.523734 |
| 63 | 0.605987 | 10%  | 0.060599 | 3.817719  |
| 64 | 0.545388 | 10%  | 0.054539 | 3.490486  |
| 65 | 0.490850 | 75%  | 0.368137 | 23.928917 |
| 66 | 0.122712 | 50%  | 0.061356 | 4.049509  |
| 67 | 0.061356 | 50%  | 0.030678 | 2.055433  |
| 68 | 0.030678 | 50%  | 0.015339 | 1.043055  |
| 69 | 0.015339 | 50%  | 0.007670 | 0.529197  |
| 70 | 0.007670 | 100% | 0.007670 | 0.536867  |
|    |          |      | 1        | 63.088535 |

The above shows the calculation of average weighted retirement age for those with less than 25 years of service.

Participants are assumed to retire immediately when they have 30 years of service.

Participants with 25 years of service, but less than 30 years of service have slightly different rates.

2024 Form 5500 Schedule SB

Plan Name:

Employer ID Number:

Plan Number:

Line 26a

Lucky Friday Pension Plan

82-0126240

002

**Schedule of Active Participant Data**

| Age      | Credited Service |        |        |          |          |          |          |          |          |         | Total |
|----------|------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------|
|          | <1               | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |       |
| Under 25 | 0                | 14     | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 14    |
| 25 to 29 | 0                | 23     | 3      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 26    |
| 30 to 34 | 0                | 19     | 6      | 3        | 0        | 0        | 0        | 0        | 0        | 0       | 28    |
| 35 to 39 | 0                | 24     | 5      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 39    |
| 40 to 44 | 0                | 5      | 4      | 5        | 5        | 0        | 0        | 0        | 0        | 0       | 19    |
| 45 to 49 | 0                | 10     | 3      | 7        | 7        | 1        | 1        | 0        | 0        | 0       | 29    |
| 50 to 54 | 0                | 5      | 3      | 5        | 4        | 1        | 1        | 0        | 0        | 0       | 19    |
| 55 to 59 | 0                | 2      | 1      | 5        | 7        | 3        | 2        | 0        | 1        | 0       | 21    |
| 60 to 64 | 0                | 7      | 4      | 2        | 2        | 3        | 0        | 0        | 0        | 0       | 18    |
| 65 to 69 | 0                | 1      | 1      | 1        | 1        | 0        | 0        | 0        | 0        | 0       | 4     |
| 70 & up  | 0                | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| Total    | 0                | 110    | 30     | 33       | 31       | 8        | 4        | 0        | 1        | 0       | 217   |

Average compensation information is not reported because the plan benefit is not pay related.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS**

---

**Actuarial Cost Method:** Unit Credit Method

**Actuarial Assumptions:**

**Interest Discount Rate:** Adjusted segment rates for September 2024 (5.07%, 5.33%, 5.59%). Unadjusted segment rates for maximum tax deductible contribution calculations (5.07%, 5.33%, 5.36%).  
6.50% per annum for ASC 960 calculations.

**Investment Return:** 6.50% long term rate used for Actuarial Value of Assets calculation (capped at 3<sup>rd</sup> segment rate, if less). 4.75% (1<sup>st</sup> Segment rate from prior year valuation) used for investment gain/loss.

**Operational Expense:** \$175,000 per year.

**Mortality:** Pre-and Post-Retirement: IRS 2024 Generational Mortality Table.  
Disabled: IRS Revenue Ruling 96-7 Disabled Life Mortality Table.

**Disability:** 1952 Society of Actuaries Period 2, Benefit 5 Disability Table.

**Turnover:** W70 from Advanced Pension Tables. Rates are as follows:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 20         | 8.6%        |
| 25         | 6.6%        |
| 30         | 5.2%        |
| 35         | 4.1%        |
| 40         | 3.1%        |
| 45         | 2.1%        |
| 50         | 1.0%        |

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

---

**Retirement Age:** The current valuation uses retirement rates based on age and service:

| Probability of Retiring Within 1 Year |                |           |           |           |           |           |                   |
|---------------------------------------|----------------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Years of Service                      |                |           |           |           |           |           |                   |
| <u>Age</u>                            | <u>&lt; 25</u> | <u>25</u> | <u>26</u> | <u>27</u> | <u>28</u> | <u>29</u> | <u>30 or more</u> |
| 55-59                                 | 3%             | 0%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 60                                    | 3%             | 3%        | 0%        | 0%        | 0%        | 0%        | 100%              |
| 61                                    | 3%             | 3%        | 3%        | 0%        | 0%        | 0%        | 100%              |
| 62                                    | 25%            | 25%       | 25%       | 25%       | 0%        | 0%        | 100%              |
| 63                                    | 10%            | 10%       | 10%       | 10%       | 0%        | 0%        | 100%              |
| 64                                    | 10%            | 10%       | 10%       | 10%       | 10%       | 0%        | 100%              |
| 65                                    | 75%            | 75%       | 75%       | 75%       | 75%       | 75%       | 100%              |
| 66-69                                 | 50%            | 50%       | 50%       | 50%       | 50%       | 50%       | 100%              |
| 70 +                                  | 100%           | 100%      | 100%      | 100%      | 100%      | 100%      | 100%              |

Vested inactive participants are assumed to retire at age 65.

**Marital Status:** 80% of participants are assumed to be married. Female spouse is assumed to be 3 years younger than the male spouse.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – ACTUARIAL METHOD AND ASSUMPTIONS (CONTINUED)**

---

**Form of Payment:** All currently active married participants are assumed to elect a 50% Joint & Survivor benefit with pop-up. All currently active single participants are assumed to elect a Single Life Annuity. All married participants and their spouses are assumed to elect to receive the Part B Medicare Coverage. 50% of participants and their spouses are assumed to elect to receive the Medicare Supplement. Current vested inactive participants are assumed to elect a Single Life Annuity.

**Asset Valuation:** The actuarial value of assets is developed using the average value method specified by IRC Section 430(g). Average values are taken annually as of the valuation date and for the two prior valuation dates and are adjusted for contributions, benefit payments and expected earnings. Actuarial value may not be less than 90% nor more than 110% of market value.

**Funding Relief:** Lucky Friday elected to apply the funding shortfall relief beginning with the November 1, 2019 plan year as well as the segment rate relief beginning with the November 1, 2020 plan year as permissible under the American Rescue Pan Act of 2021.

**Changes Since Prior Valuation:** The mortality table was updated from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table, as required under PPA. The funding and maximum deductible interest rate assumptions were updated as mandated by law.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

#### **SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

---

**Plan Type:** Qualified defined benefit plan.

**Plan Effective Date:** November 16, 1964

**Plan Freeze:** Frozen to new entrants on January 1, 2023.

**Plan Year:** November 1 - October 31

**Eligibility:** Members of collective bargaining unit represented by the United Steel Workers of America, Local 5114 employed by Hecla Mining Company at the Lucky Friday Mine.

**Normal Retirement:** Age 65 and one year of service.

**Normal Retirement Benefit:** \$44 per month per year of employment, effective May 1, 2013.

**Normal Form of Benefit:** Life annuity.

**Service Retirement:** 30 years of employment at Lucky Friday Mine. Participants with at least 27 years of employment laid-off between August 1, 2001 and August 1, 2003 will continue to accrue eligibility service.

**Service Retirement Benefit:** Normal retirement benefit plus \$275 per month until death, receipt of full Social Security disability pension or Social Security normal retirement age.

**Early Retirement:** Age 55 and 10 years of continuous service.

**Early Retirement Benefit:** Normal retirement benefit reduced 1/4% per month early at ages 60-65 and additional 1/2% per month early at ages 55-59.

**Disability Retirement:** 10 years of continuous service and permanently and continuously disabled with 6 month wait.

**Disability Retirement Benefit:** Normal retirement benefit but not less than \$250 per month plus \$350 per month payable until death, receipt of Social Security (Old Age or Disability Benefit), or age 65, whichever comes first.

**Pre-Retirement Death:** Vested and married for at least one year.

**Pre-Retirement Death Benefit:** Active: 50% of normal retirement benefit. Inactive: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% joint and survivor annuity.

**Plant Shutdown:** Age 55 and age plus service at least 75, or age plus service at least 80.

**Plant Shutdown Benefit:** Normal retirement benefit plus \$230 per month until death, receipt of full Social Security disability pension or Social Security normal retirement age.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS (CONTINUED)**

---

**Medicare Supplement:** \$53.30 per quarter with the purchase of Medicare Part B coverage plus \$76.70 per quarter with the purchase of a supplement to Medicare plan.

**Actuarial Equivalence:** UP-1984 Mortality Table and 7.0% Interest.

**Changes in Plan Provisions Since Prior Valuation:** None.

**Plan Provisions Excluded from Measurement:** We have not included any plant shutdown benefits in the funding target because the likelihood of such an event is very difficult to predict and we have not been notified by the plan sponsor that a plant shutdown is likely to occur.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

#### **SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS**

---

**Plan Type:** Qualified defined benefit plan.

**Plan Effective Date:** November 16, 1964

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**Disability Retirement Benefit:** Normal retirement benefit but not less than \$250 per month plus \$350 per month payable until death, receipt of Social Security (Old Age or Disability Benefit), or age 65, whichever comes first.

**Pre-Retirement Death:** Vested and married for at least one year.

**Pre-Retirement Death Benefit:** Active: 50% of normal retirement benefit. Inactive: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 50% joint and survivor annuity.

**Plant Shutdown:** Age 55 and age plus service at least 75, or age plus service at least 80.

**Plant Shutdown Benefit:** Normal retirement benefit plus \$230 per month until death, receipt of full Social Security disability pension or Social Security normal retirement age.

2024 Form 5500 Schedule SB: Part V  
Plan Name: Lucky Friday Pension Plan  
Employer ID Number: 82-0126240  
Plan Number: 002

**SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS (CONTINUED)**

---

**Medicare Supplement:** \$53.30 per quarter with the purchase of Medicare Part B coverage plus \$76.70 per quarter with the purchase of a supplement to Medicare plan.

**Actuarial Equivalence:** UP-1984 Mortality Table and 7.0% Interest.

**Changes in Plan Provisions Since Prior Valuation:** None.

**Plan Provisions Excluded from Measurement:** We have not included any plant shutdown benefits in the funding target because the likelihood of such an event is very difficult to predict and we have not been notified by the plan sponsor that a plant shutdown is likely to occur.

## Lucky Friday Pension Plan

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)  
 EIN: 82-0126240 Plan No.: 002

October 31, 2025

| (a)                                                       | (b)                                                                                                               | (c)           | (d)           | (e) |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|---------------|-----|
| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost          | Current Value |     |
| <b>Money Market Fund</b>                                  |                                                                                                                   |               |               |     |
| Dreyfus                                                   | Money Market Fund                                                                                                 | \$ 125,797    | \$ 125,797    |     |
| <b>Real Estate Funds</b>                                  |                                                                                                                   |               |               |     |
| Reef America II                                           | REIT                                                                                                              | 1,956,729     | 2,140,138     |     |
| Barings Core                                              | Property Fund                                                                                                     | 2,186,197     | 2,170,529     |     |
| <b>Total Real Estate Funds</b>                            |                                                                                                                   | 4,142,926     | 4,310,667     |     |
| <b>Hedge Fund</b>                                         |                                                                                                                   |               |               |     |
| Q-Block Strategic Partners                                | Hedge Fund                                                                                                        | 1,602,621     | 1,727,505     |     |
| <b>Common Collective Funds</b>                            |                                                                                                                   |               |               |     |
| Pinnacle                                                  | Equity Fund                                                                                                       | 3,115,595     | 3,156,317     |     |
| Boston Partners                                           | Large Cap Value Fund                                                                                              | 709,545       | 2,081,046     |     |
| Wellington Trust Company                                  | Common Collective Fund                                                                                            | 1,854,721     | 1,632,713     |     |
| <b>Total Common Collective Funds</b>                      |                                                                                                                   | 5,679,861     | 6,870,076     |     |
| <b>Mutual Funds</b>                                       |                                                                                                                   |               |               |     |
| American Euro Pac                                         | Growth Fund                                                                                                       | 3,513,763     | 4,285,942     |     |
| Vanguard                                                  | Total Bond Market Index                                                                                           | 2,129,050     | 1,984,877     |     |
| PIMCO                                                     | Total Return Fund                                                                                                 | 2,232,078     | 2,000,314     |     |
| Vanguard                                                  | Total International Stock                                                                                         | 3,026,136     | 4,208,434     |     |
| Vanguard                                                  | Growth Index                                                                                                      | 953,874       | 2,187,358     |     |
| Vanguard                                                  | Total Stock Market Index                                                                                          | 1,324,592     | 1,968,946     |     |
| Wells Fargo                                               | Advanced Total Return                                                                                             | 2,159,504     | 1,980,007     |     |
| <b>Total Mutual Funds</b>                                 |                                                                                                                   | 15,338,997    | 18,615,878    |     |
| <b>Total</b>                                              |                                                                                                                   | \$ 26,890,202 | \$ 31,649,923 |     |

\* Represents party-in-interest as defined by ERISA.

2024 Form 5500 Schedule SB  
Plan Name:  
Employer ID Number:  
Plan Number:

Line 32  
Lucky Friday Pension Plan  
82-0126240  
002

**Schedule of Amortization Bases**

| <u>Description</u>  | <u>Original<br/>Amount</u> | <u>Outstanding<br/>Balance</u> | <u>Remaining<br/>Period</u> | <u>Beginning-of-year<br/>Amortization Amounts</u> |
|---------------------|----------------------------|--------------------------------|-----------------------------|---------------------------------------------------|
| 11/1/2023 Shortfall | \$522,417                  | \$489,479                      | 14                          | \$47,843                                          |
| 11/1/2024 Shortfall | \$785,050                  | <u>\$785,050</u>               | 15                          | <u>\$73,271</u>                                   |
| <b>Total</b>        |                            | <b>\$1,274,529</b>             |                             | <b>\$121,114</b>                                  |

2024 Form 5500 Schedule SB  
Plan Name:  
Employer ID Number:  
Plan Number:

Line 32  
Lucky Friday Pension Plan  
82-0126240  
002

**Schedule of Amortization Bases**

| <u>Description</u>  | <u>Original<br/>Amount</u> | <u>Outstanding<br/>Balance</u> | <u>Remaining<br/>Period</u> | <u>Beginning-of-year<br/>Amortization Amounts</u> |
|---------------------|----------------------------|--------------------------------|-----------------------------|---------------------------------------------------|
| 11/1/2023 Shortfall | \$522,417                  | \$489,479                      | 14                          | \$47,843                                          |
| 11/1/2024 Shortfall | \$785,050                  | <u>\$785,050</u>               | 15                          | <u>\$73,271</u>                                   |
| <b>Total</b>        |                            | <b>\$1,274,529</b>             |                             | <b>\$121,114</b>                                  |