Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 039

1c Effective date of plan 01/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CATERPILLAR INC.

5205 N. O'CONNOR BOULEVARD
SUITE 100
IRVING, TX 75039

2b Employer Identification Number (EIN)
37-0602744

2c Plan Sponsor's telephone number
972-891-7700

2d Business code (see instructions)
333100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/24/2026	ANNELEEN WOUTERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CATERPILLAR INC.
PLAN ADMINISTRATOR
100 NE ADAMS ST. AB4400
PEORIA, IL 61629

3b Administrator's EIN: 37-0602744

3c Administrator's telephone number: 309-675-1000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	736
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	108
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	105
b	Retired or separated participants receiving benefits	**6b**	346
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	595
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	107
f	Total. Add lines **6d** and **6e**.	**6f**	702
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1C 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	46084189
b Actuarial value	**2b**	46878170

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	470	32694371	32694371
b For terminated vested participants	167	3620153	3620153
c For active participants	104	5701799	6245167
d Total	741	42016323	42559691

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.27 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	178000
c Target normal cost	**6c**	178000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/10/2026
Date

MATTHEW WALL
Type or print name of actuary

26-08570
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

312-525-2500
Telephone number (including area code)

PO BOX 677401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.87 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.14 %
15	Adjusted funding target attainment percentage	15	110.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	120.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

	1st segment: %	2nd segment: %	3rd segment: %	
a Segment rates:				[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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**	178000
b Excess assets, if applicable, but not greater than line 31a	**31b**	178000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan sponsor's name as shown on line 2a of Form 5500
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	56650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	27719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CATERILLAR INC MASTER RTMT. TRUST

b Name of sponsor of entity listed in (a): CATERPILLAR INC.

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)
36-6668245-019	M	46571635

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)

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan sponsor's name as shown on line 2a of Form 5500
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	46031820	46571635
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	46031820	46571635
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	61485	61259
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	61485	61259
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	45970335	46510376

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4516132
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4516132
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3811672	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3811672
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1608	
(3) Recordkeeping fees	2i(3)	27719	
(4) IQPA audit fees	2i(4)	56650	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	78442	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		164419
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3976091
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		540041
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		45000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585245.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan sponsor's name as shown on line 2a of Form 5500
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

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):

EIN(s): 36-3046063

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 | 12

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)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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_____.

Caterpillar Global Mining
Legacy Hourly Employees' Pension Plan

Financial Statements
December 31, 2025 and 2024

Caterpillar Global Mining
Legacy Hourly Employees' Pension Plan
Index

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Note: Schedules 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 have been omitted because they are not applicable.

Report of Independent Auditors

To the Administrator of Caterpillar Global Mining Legacy Hourly Employees' Pension Plan

Opinion

We have audited the accompanying financial statements of Caterpillar Global Mining Legacy Hourly Employees' Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US 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.

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.

PricewaterhouseCoopers LLP

Dallas, Texas
September 21, 2026

Caterpillar Global Mining
Legacy Hourly Employees' Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

(in thousands of dollars)	2025	2024
Investments		
Plan interest in Caterpillar Inc. Master Retirement Trust	$ 46,572	$ 46,032
Liabilities		
Accrued administrative expenses	(62)	(62)
Net assets available for benefits	$ 46,510	$ 45,970

See accompanying notes to the financial statements.

Caterpillar Global Mining
Legacy Hourly Employees' Pension Plan

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

(in thousands of dollars)	2025
Investment income (loss)	
Plan interest in net investment income (loss) of Caterpillar Inc. Master Retirement Trust	$ 4,516
Deductions	
Benefit payments	(3,812)
Administrative expenses	(164)
Total deductions	(3,976)
Net increase (decrease) in net assets available for benefits	540
Net assets available for benefits	
Beginning of year	45,970
End of year	$ 46,510

See accompanying notes to the financial statements.

1. Description of the Plan

The following description of the Caterpillar Global Mining Legacy Hourly Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is governed by the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Participation

The Plan is a non-contributory defined benefit pension plan for hourly-paid employees of Caterpillar Global Mining LLC, a 100 percent-owned subsidiary of Caterpillar Inc. (the "Company"), except for employees in the collective bargaining units represented by the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America. Employees hired on or after January 1, 2005, are not eligible to participate in the traditional pension plan component of the Plan.

Effective January 1, 2009, the Plan was amended to include a cash balance component in which the Company allocated a percentage of the participant's pay each month, called pay-based credits, to an account based upon that participant's Plan credited service at the beginning of each year. The participant's account balance grows with interest credits each month. Both pay-based and interest credits are funded entirely by the Company. Any employee covered by a collective bargaining agreement between the Company and the United Steelworkers of America (the "USW") at the South Milwaukee, Wisconsin location, hired on or after January 1, 2005 and with one hour of service on or after January 1, 2009, is eligible to participate and accrue benefits in the cash balance component of the Plan. Employees hired on or after January 1, 2014, are not eligible to participate in the cash balance component of the Plan.

Benefits

Pension benefits under the traditional pension component are determined based on years of continuous credited service and a fixed monthly dollar amount (ranging from $42 to $49) based on the year of retirement. Normal retirement age under this component is age 65 after at least five years of continuous service.

The traditional pension component provides for early retirement benefits after age 60 with 15 or more years of service. Under certain circumstances, early retirement benefits are also available to participants with over 15 years of service and who have either attained age 55 and whose age plus years of service exceed 70, or are under age 55, but whose age plus years of service exceed 80. This component provides for full retirement benefits at age 60 with 30 years of service. The traditional pension component also provides disability benefits after 15 years of service.

The traditional pension component provides for deferred vested benefits for participants who terminate employment with five or more years of service, but are not eligible for early retirement.

There is an established cash balance account for each eligible participant. These accounts consist of interest credits and pay-based credits. Interest credits are allocated to participants' accounts on the last day of each calendar month. The monthly interest credits issued equal 1/12th of the annual interest rate on 30 year Treasury securities for the month of November preceding the Plan year for which the calculation is made. It is then multiplied by the participant's account balance as of the first day of the month and is credited on the last day of the month. For 2025 and 2024, the interest crediting rate was 4.64 percent and 4.76 percent, respectively.

Effective January 1, 2014, participants do not accrue any additional benefits or receive any pay-based credits towards a cash balance benefit under the Plan. However, participants with a cash balance account will continue to earn interest credits towards their cash balance account. Service after the freeze date will be considered for vesting service and eligibility to commence benefits under the Plan.

Normal retirement age under the cash balance component is age 65 with at least three years of continuous service. The amount of the monthly pension benefit or lump-sum payable at retirement is determined by the participant's accrued benefit with their cash balance account at retirement. At retirement, participants may elect to leave their vested benefit in the Plan for a period of time or begin receiving their benefit immediately. When they elect to receive their benefit, participants have the option of having their vested balance paid as a monthly actuarial equivalent annuity or lump-sum payment. The cash balance component also has provisions for certain death benefits prior to retirement.

In addition, for both traditional pension or cash balance participants, if the actuarial equivalent of the participant's pension benefit does not exceed $7,000 at the time of distribution, then the participant's distribution may be paid in a lump sum without the consent of the participant as soon as practicable following the participant's termination date. If the actuarial equivalent of the participant's pension benefit exceeds $7,000, the participant may, subject to the restrictions of the Plan, elect when to receive the distribution of the participant's pension. No distribution exceeding $7,000 shall commence without the participant's consent.

Vesting

An employee must earn vested rights in the Plan to become eligible for benefits. An employee must work 1,000 hours or more in each calendar year to earn one year of vesting service. Participants in the traditional pension component are vested in their retirement benefits after five years of continuous service or upon reaching normal retirement age while still employed with the Company. Participants in the cash balance component are vested in their retirement benefits after three years of continuous service, when the participant reaches normal retirement age while still employed with the Company, or upon death or disability.

Contributions

The Plan's actuary provides actuarial estimates of the minimum and maximum amount of Company contributions to provide the Plan with sufficient assets to meet the benefits accruing to participants and to meet minimum funding requirements under ERISA and Internal Revenue Code ("IRC") section 412. The Company has the discretion to make a contribution within this range based on factors such as cash flow and strategic goals. Amounts funded are maintained by The Northern Trust Company (the “Trustee”) until disbursed. The Plan has met the minimum funding requirements of ERISA in 2025.

Plan Termination

In the event of Plan termination, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, 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.

If the Plan terminates, all affected covered persons shall have a nonforfeitable right to benefits accrued on the date of termination to the extent the Plan is funded. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, and the Plan document, generally to provide the following benefits in the order indicated:

1. Expenses attributable to administration and liquidation of the Caterpillar Inc. Master Retirement Trust ("Master Trust" or "Trust").
2. Benefits under the Plan in accordance with provisions of the Plan as constituted 60 months prior to the date on which the Plan terminated (a) retired participants who retired at least 36 months prior to the date of discontinuance, (b) participants who did not retire at least 36 months prior to the date of discontinuance but who were eligible to do so at such time, and (c) retired participants described above who died after retirement, to their surviving spouses who were receiving monthly retirement benefits on the date of termination.
3. Other benefits guaranteed by the PBGC up to the applicable limitations (discussed above).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All other benefits under the Plan.

If the benefits in 2. through 5. above cannot be fully provided, then benefits will be paid in full for each successive level (2. through 5. above) according to its priority until full benefits cannot be paid for a given level, then benefits are paid ratably based on the actuarial present value of accumulated plan benefits to participants or beneficiaries at that level.

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

Administration

The Plan is administered by the Company. Pursuant to procedures adopted by the Company, responsibility for the Plan's non-financial matters has been delegated to the Caterpillar Inc. Benefits Administrative Committee and responsibility for the Plan's financial matters has been delegated to the Caterpillar Inc. Benefit Funds Committee. The Company and the Caterpillar Inc. Benefit Funds Committee have entered into trust and investment management agreements with certain banks and investment advisors providing for administration of the Master Trust's assets and distribution of benefits upon their instructions. The Caterpillar Inc. Benefits Administrative Committee has retained Alight Solutions to provide recordkeeping and administrative services as part of the administration of the Plan.

Plan Expenses

Administrative expenses presented on the Statement of Changes in Net Assets Available for Benefits represent expenses that are specifically identifiable to the Plan, but are paid by the Master Trust. These expenses include PBGC fees, audit fees and fees paid to third party service providers. The third party service providers support the administration of the Plan and provide various services including, but not limited to the following: recordkeeping, preparation of participant communications, managing call centers, processing qualified domestic relations orders, and consulting services.

All other expenses of the Master Trust (primarily consisting of investment management fees), which are not specifically identifiable to a plan, are included in the Plan interest in net investment income (loss) of Caterpillar Inc. Master Retirement Trust on the Statement of Changes in Net Assets Available for Benefits. See Note 4 for additional information.

Plan Qualification

The Plan obtained its latest determination letter on December 18, 2020, in which the Internal Revenue Service ("IRS") stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the IRC. Although the Plan has been amended subsequent to the period covered by the determination letter, the Plan Administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified and the related trust is tax-exempt. If an operational issue is discovered, the Plan sponsor has indicated that it will take any necessary steps to bring the Plan's operations into compliance with the IRC.

Accounting principles generally accepted in the United States of America require 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 Company has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no material 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. The Company believes the Plan is no longer subject to income tax examinations for tax years prior to 2017.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition
The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated net investment income (loss) less actual distributions and actual and allocated administrative expenses. The Caterpillar Inc. Benefit Funds Committee determines the Plan's valuation policies utilizing information provided by investment managers and the Trustee. The investments in the Master Trust are valued as described in Note 4. Dividend income is recorded as of the ex-dividend date. Interest is recorded daily as earned. The Master Trust presents, in Note 4, in Net investment income (loss), the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments. Purchases and sales of securities are recorded on a trade-date basis.

Payment of Benefits
Benefit payments to participants are recorded upon distribution.

Use of Estimates in the Preparation of Financial Statements
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimated.

Risks and Uncertainties
The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to all eligible participants including: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan for the traditional pension component were based on years of continuous credited service and year of retirement, as described in Note 1. Benefits under the Plan for the cash balance component were accumulated based on a percentage of the employees' compensation during each year of credited service, as described in Note 1. The accumulated plan benefits for active employees are based on their years of service or their accumulated cash balance accounts as of December 31, 2013 (the date at which participants will not accrue any additional benefits or receive any pay credits) and interest credits earned on the cash balance account through December 31, 2025. 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 these dates.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and 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, separation or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were:

- Life expectancy of participants in 2025 and 2024 used the PriH 2012 blue collar mortality table with generational projection from 2012 using MP 2021. A mortality multiplier derived from a credibility analysis was applied in each year: 2025 reflected experience from 2017-2019 and 2023-2024, excluding COVID-related impacts, while 2024 reflected experience from 2015-2019.
- Retirement ages between 60 and 65 (based on actual Company retirement experience).
- Interest rates used to discount the obligation for 2025 and 2024 were 6.05 percent and 6.30 percent, respectively (based on returns considered achievable given the Plan's mix of investments and investment policy).
- Cash balance accounts are converted to annuities using an interest rate of 5.14 percent in 2025 and 5.47 percent in 2024.
- The initial interest crediting rate assumption for 2025 and 2024 was 4.81 percent and 4.64 percent, respectively.
- The ultimate interest crediting rate assumption for 2025 and 2024 was 4.85 percent and 4.55 percent, respectively.

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

The following table presents the actuarial present value of accumulated plan benefits as of December 31, 2025 and 2024:

(in thousands of dollars)	**2025**	**2024**
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ 28,079	$ 28,467
Other participants	8,065	8,064
Total vested benefits	36,144	36,531
Non-vested benefits	416	486
Total actuarial present value of accumulated plan benefits at end of year	$ 36,560	$ 37,017

The following table summarizes the changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2025:

(in thousands of dollars)	2025
Changes in accumulated plan benefits	
Actuarial present value of accumulated plan benefits at beginning of year	$ 37,017
Increase (decrease) during the year attributable to:	
Change due to experience	312
Increase for interest due to decrease in the discount period	2,214
Benefits paid	(3,812)
Change in actuarial assumptions	829
Net increase (decrease) in accumulated plan benefits	(457)
Actuarial present value of accumulated plan benefits at end of year	$ 36,560

Change in Actuarial Assumptions

In 2025, the Company made the following changes in actuarial assumptions:

- The interest rate assumption used to discount the obligation was decreased from 6.30 percent to 6.05 percent. This resulted in an increase in the actuarial present value of accumulated plan benefits of $659 thousand.
- An experience study was performed in 2025. As a result of the study, mortality was updated to reflect more recent Company-specific experience, resulting in an increase in the actuarial present value of accumulated plan benefits of $101 thousand.
- The ultimate interest crediting rate assumption was updated increasing from 4.55 percent to 4.85 percent. This resulted in an increase in the actuarial present value of accumulated plan benefits of $66 thousand.

These changes in actuarial assumptions, combined with other insignificant changes, are included in the 2025 changes in the actuarial present value of accumulated plan benefits table above.

4. Master Trust

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and several other Company sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Trustee. In general, the investment strategy for the Master Trust focuses on aligning the investments to the liabilities of the participating plans, while reducing risk in the portfolio. The current Master Trust target asset allocations as of December 31, 2025 were 87 percent fixed income and 13 percent equities. These target allocations will be revisited periodically to ensure that they reflect the Company's overall objectives.

Net investment income (loss) of the Master Trust is allocated monthly to each participating plan based upon each plan's respective dollar ownership, giving consideration to the monthly plan-specific time-weighted activity within the Master Trust.

The following table presents the net assets of the Master Trust and the Plan's interest in the net assets of the Master Trust as of December 31, 2025 and 2024.

(in thousands of dollars)	Master Trust		Plan's Interest in Master Trust	
	2025	2024	2025	2024
ASSETS				
Investments, at fair value				
Common stocks	$ 2,039,424	$ 2,028,186	$ 7,844	$ 7,850
Preferred stocks	15,162	11,781	58	46
Preferred corporate bonds and notes	21,489	70,866	83	274
Other corporate bonds and notes	6,562,165	6,329,864	25,238	24,499
U.S. government securities	2,713,838	2,761,159	10,437	10,687
Common collective trusts	263,789	298,354	1,015	1,155
Partnership/joint venture interests	49,223	61,950	189	240
Real estate	—	22	—	—
Registered investment companies	104,446	43,551	402	169
Other investments, net	279,580	248,361	1,075	961
	12,049,116	11,854,094	46,341	45,881
Other assets				
Cash	7,990	5,657	31	22
Accrued interest and dividends receivable	121,666	118,266	468	457
Receivables for securities sold	22,822	32,123	88	124
	152,478	156,046	587	603
Total Master Trust assets	12,201,594	12,010,140	46,928	46,484
LIABILITIES				
Payables for securities purchased	(92,471)	(116,750)	(356)	(452)
Net Master Trust assets	$12,109,123	$11,893,390	$ 46,572	$ 46,032
Plan's percentage interest in Master Trust			0.38 %	0.39 %

Investments are stated at fair value and are valued as described below:

- *Common and preferred stocks:* Primarily valued at quoted market prices.
- *Preferred and other corporate bonds and notes:* Valued based on matrices or models from reputable pricing vendors and may be determined by factors which include, but are not limited to market quotations, yields, maturities, call features, ratings, institutional size trading in similar groups of securities and developments related to specific securities.
- *U.S. government securities:* Valued based on matrices or models from reputable pricing vendors.
- *Common collective trusts and partnership/joint venture interests:* Primarily stated at net asset value ("NAV") of units held. The Plan's management elected the practical expedient to use NAV in measuring the fair value of the underlying investments. Certain investments are valued at quoted market prices.
- *Real estate:* Stated at appraised value.
- *Registered investment companies:* Primarily stated at NAV of units held. For investments in private funds, the Plan’s management elected the practical expedient to use NAV in measuring the fair value of the underlying

investments. Certain investments are valued at quoted market prices that represent the value of shares held by the Master Trust.

- *Other investments, net:* Primarily includes government debt securities, which are valued at quoted market prices, when available, or valued based on matrices or models from reputable pricing vendors.

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

The following tables summarize Master Trust investments measured at fair value based on NAV per share using the practical expedient, the unfunded commitments and redemption restrictions as of December 31, 2025 and 2024.

(in thousands of dollars) December 31, 2025	Fair Value	Unfunded Commitments	Redemption Restrictions	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts:					
Short-term investments	$ 263,789	—	None	Daily	None
Partnership/joint venture interests [1]	$ 49,120	$ 17,132	Yes [1]	Not currently eligible [1]	N/A
Registered investment companies:					
Long duration corporate & intermediate credit bonds	$ 98,479	—	None	Daily	None

[1] Primarily invested in private equity funds that invest in buyouts, distressed assets, industry focused investments and venture capital strategies. For certain investments, redemptions are not currently allowed until varying dates no later than 2026.

(in thousands of dollars) December 31, 2024	Fair Value	Unfunded Commitments	Redemption Restrictions	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts:					
Short-term investments	$ 298,354	—	None	Daily	None
Partnership/joint venture interests [1]	$ 61,950	$ 18,064	Yes [1]	Not currently eligible [1]	N/A
Registered investment companies:					
Long duration corporate & intermediate credit bonds	$ 38,024	—	None	Daily	None

[1] Primarily invested in private equity funds that invest in buyouts, distressed assets, industry focused investments and venture capital strategies. For certain investments, redemptions are not currently allowed until varying dates no later than 2026.

The following table presents the changes in net assets for the Master Trust for the year ended December 31, 2025:

(in thousands of dollars)		**2025**
Changes in Net Assets:		
Net appreciation (depreciation) in fair value of investments	$	721,423
Interest		418,571
Dividends		55,311
Other income (loss)		4,111
Net investment income (loss)		1,199,416
Transfers, net [1]		(954,607)
Administrative expenses not directly allocated to the plans and other expenses [2]		(29,076)
Net increase (decrease) in net assets		215,733
Net assets		
Beginning of the year		11,893,390
End of the year	$	12,109,123

[1] Represents items recorded at the plan level such as contributions, benefit payments and plan specific administrative expenses.

[2] Primarily related to fees and expenses paid to professional money managers who manage the investment funds.

Fair Value Measurements

The guidance on fair value measurements defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. This guidance also specifies a fair value hierarchy based upon the observability of inputs used in valuation techniques. Observable inputs (highest level) reflect market data obtained from independent sources, while unobservable inputs (lowest level) reflect internally-developed market assumptions. In accordance with this guidance, fair value measurements are classified under the following hierarchy:

- **Level 1** - Quoted prices for identical instruments in active markets.
- **Level 2** - Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; and model-derived valuations in which all significant inputs or significant value-drivers are observable in active markets.
- **Level 3** - Model-derived valuations in which one or more significant inputs or significant value-drivers are unobservable.

When available, quoted market prices are used to determine fair value, and such measurements are classified within Level 1. In some cases where market prices are not available, the observable market based inputs are used to calculate fair value, in which case the measurements are classified within Level 2. If quoted or observable market prices are not available, fair value is based upon valuations in which one or more significant inputs are unobservable, including internally developed models that use, where possible, current market-based parameters such as interest rates, yield curves and currency rates. These measurements are classified within Level 3.

Fair value measurements are classified according to the lowest level input or value-driver that is significant to the valuation. A measurement may therefore be classified within Level 3 even though there may be significant inputs that are readily observable.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

The significance of transfers between levels was evaluated based upon the nature of the financial instrument and size of the transfer relative to total net Master Trust assets. For the year ended December 31, 2025, there were no significant transfers into or out of Levels 1, 2 or 3.

Master Trust assets that are measured at fair value as of December 31, 2025 and 2024 are summarized below. Investments measured at net asset value per share using the practical expedient have not been classified in the fair value hierarchy, but are presented in order to permit reconciliation to the table that presents the net assets of the Master Trust.

	Fair Value Measurements as of December 31, 2025				
(in thousands of dollars)	**Level 1**	**Level 2**	**Level 3**	**Measured at NAV**	**Total**
Stocks	$ 2,017,187	$ 1,383	$ 36,016	$ —	$ 2,054,586
Corporate bonds and notes	—	6,555,851	27,803	—	6,583,654
U.S. government securities	—	2,713,838	—	—	2,713,838
Common collective trusts	—	—	—	263,789	263,789
Partnership/joint venture interests	103	—	—	49,120	49,223
Registered investment companies	5,967	—	—	98,479	104,446
Other investments, net	25,130	254,450	—	—	279,580
Total investments, at fair value	$ 2,048,387	$ 9,525,522	$ 63,819	$ 411,388	$ 12,049,116

	Fair Value Measurements as of December 31, 2024				
(in thousands of dollars)	**Level 1**	**Level 2**	**Level 3**	**Measured at NAV**	**Total**
Stocks	$ 2,001,899	$ —	$ 38,068	$ —	$ 2,039,967
Corporate bonds and notes	—	6,367,479	33,251	—	6,400,730
U.S. government securities	—	2,761,159	—	—	2,761,159
Common collective trusts	—	—	—	298,354	298,354
Partnership/joint venture interests	—	—	—	61,950	61,950
Real estate	—	—	22	—	22
Registered investment companies	5,527	—	—	38,024	43,551
Other investments, net	24,883	223,478	—	—	248,361
Total investments, at fair value	$ 2,032,309	$ 9,352,116	$ 71,341	$ 398,328	$ 11,854,094

The following is a roll-forward of assets measured at fair value using Level 3 inputs as of December 31, 2025:

	Level 3 Assets as of December 31, 2025		
(in thousands of dollars)	**Stocks**	**Corporate bonds and notes**	**Real estate**
Balance, beginning of year	$ 38,068	$ 33,251	$ 22
Unrealized gains (losses) relating to instruments still held at the reporting date	99	(11,272)	(22)
Realized gains (losses)	125	4,169	27
Purchases	738	11,452	—
Sales	(476)	(11,119)	—
Other settlements	(1,045)	277	(27)
Transfers into Level 3	383	1,045	—
Transfers out of Level 3	(1,876)	—	—
Balance, end of year	$ 36,016	$ 27,803	$ —

Derivatives

Within the Master Trust, certain investment managers may use derivative financial instruments to meet fund objectives and manage exposure to foreign currency, interest rate and market fluctuations. The following is a description of the types of derivative contracts the Master Trust may use:

- Credit contracts: Credit default swaps are used to manage exposure to credit risk. A credit default swap is a contract in which, for a fee, a protection seller agrees to pay a protection buyer an amount resulting from a credit event on a reference entity. If there is no credit default event or settlement trigger, as defined by the contract, then the protection seller makes no payment to the protection buyer and receives only the contractually specified fee. However, if a credit event occurs, the protection seller will be required to make a payment to the protection buyer.
- Equity contracts: Equity index futures contracts are used by investment managers to invest excess cash into equity benchmarks, such as the S&P 500 and MSCI EAFE. These contracts are settled in cash daily. Investment managers may also invest in equity rights and warrants which give the holder the right to purchase securities from the issuer at a specific price within a certain time frame.
- Foreign exchange contracts: Foreign currency exchange rate movements create a degree of risk by affecting the U.S. dollar value of instruments denominated in foreign currencies. Forward contracts are used by investment managers to manage foreign exchange rate risks associated with certain investments. These contracts are presented gross (buy side of the contract as a receivable and sell side of the contract as a payable) in the table that presents the net assets of the Master Trust.
- Interest rate contracts: Interest rate movements create a degree of risk by affecting the amount of interest payments and the value of debt instruments. Investment managers use interest rate swaps, total return swaps, futures contracts, options and swaptions to manage interest rate risk. These contracts are settled in cash daily.

The fair value of these derivative contracts are included in Other investments, net, Receivables for securities sold and Payables for securities purchased in the tabular presentation of the Net Master Trust assets. The related appreciation (depreciation) is included in Net appreciation (depreciation) in fair value of investments in the tabular presentation of the Net investment income (loss) of the Master Trust. As of December 31, 2025 and 2024, the fair value of these derivative financial instruments was $3 million. In 2025, the effect of these derivatives on Net investment income (loss) of the Master Trust was a net gain of $50 million, which is primarily related to realized gains from the settlement of interest rate contracts.

The gross notional value of the Master Trust's derivative activities, primarily related to interest rate contracts, was $1,571 million and $2,135 million, as of December 31, 2025 and 2024, respectively. The notional amounts of the derivatives do not represent amounts exchanged by the parties. The amounts exchanged by the parties are calculated by reference to the notional amounts and by other terms of the derivatives, such as interest rates and equity markets.

5. Related-Parties and Parties in Interest

The Trustee is authorized, under contract provisions and by exemption under 29 CFR 408(b) of ERISA regulations, to invest in securities under its control and in securities of the Company. As of December 31, 2025 and 2024, the Master Trust did not hold any investment in securities of the Company. The Master Trust also invests in certain funds that are sponsored and managed by The Northern Trust Company, the Trustee for the Master Trust. Pursuant to this, the Trustee manages an equitization account which overlays cash with equity futures. These transactions and expenses qualify as exempt party in interest transactions.

6. Subsequent Events

The Plan has evaluated subsequent events through September 21, 2026, the date the financial statements were available to be issued, and concluded there were no events or transactions occurring during this period that required recognition or disclosure in the Plan's financial statements.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	0	0	0	0	0	1
40-44	0	0	6	1	0	0	0	0	0	0	7
45-49	0	1	7	3	0	0	0	0	0	0	11
50-54	0	0	12	0	3	3	0	0	0	0	18
55-59	0	1	14	4	6	3	1	0	0	0	29
60-64	0	1	8	1	6	2	0	1	1	0	20
65-69	0	0	10	0	3	0	2	0	0	0	15
70 & over	0	0	2	0	1	0	0	0	0	0	3
Total	0	3	60	9	19	8	3	1	1	0	104

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

Plan Name: Caterpillar Global Mining Legacy Hourly Employees' Pension Plan
EIN / PN: 37-0602744 / 039
Plan Sponsor: Caterpillar Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Global Mining Legacy Hourly Employees' Pension Plan

Actuarial Assumptions and Methods – Funding

Economic Assumptions

Interest rate basis:

• Applicable month	December
• Interest rate basis	Full Yield Curve

Interest rates:

• 10-year rate	5.13%
• 20-year rate	5.55%
• 30-year rate	5.58%
• Effective interest rate	5.27%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A

Cash balance rate

• Initial year rate (actual)	4.64% Rate shown is compounded monthly rate based on the underlying 30-year annual Treasury Rate of 4.55%
• Ultimate rate	4.55%

Lump sum conversion basis	Based on the annuity substitution approach method under IRS Regulation 1.430(d)-1(f)(4); using the funding interest rates reflecting stabilization corridors described above

SCHEDULE SB ATTACHMENTS

Administrative and investment expenses	$178,000, based on an estimate of PBGC premiums and service providers' fees to be paid by the trust

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

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant
New or rehired employees	It was assumed there will be no new or rehired employees
Mortality	
• Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024). Mortality for lump sum conversions is based on the 2025 IRS unisex mortality table prescribed under 417(e) for 2025 lump sum payments.
• Disabled	Same as healthy.

SCHEDULE SB ATTACHMENTS

Termination

The rates at which participants are assumed to leave the company vary by age and are shown below:

Percentage retiring during the year	
Age	**Male/Female**
20	7.45%
25	4.94
30	3.42
35	2.38
40	1.33
45	0.70
50	0.15
55	0.15
60	0.00
65	0.00

Disability rates

Two times Class 1 rate of disability. Disabled participants are assumed to be eligible for unreduced Social Security benefits upon disability retirement

Retirement

Rates vary by age. The average expected retirement age for the current active population is 64.

The rates at which participants retire are shown below:

Percentage retiring during the year	
Age	**Male/Female**
60	10.00%
61	5.00
62	60.00
63	60.00
64	60.00
65	100.00

Form of payment

90% of cash balance participants are assumed to elect the lump sum form of payment. All other participants are assumed to elect the normal form. Cash balance accounts are converted to annuities using valuation interest rates and the PPA Unisex Combined Mortality table for the valuation year

Percent Married

65% of participants

SCHEDULE SB ATTACHMENTS

Spouse Age	Wife three years younger than husband
At-risk assumptions, if applicable	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year, if any, plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year)
Benefits not valued	Benefits described as “Other Early Retirement” benefits in the plan provisions summary, to the extent payable prior to the assumed retirement age, are not included in the liabilities until the date of such other early retirement

SCHEDULE SB ATTACHMENTS

Decrement Timing Model	Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year. In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.

Sources of Data

Caterpillar, through its third-party administrator, furnished participant data as of January 1, 2025. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. The following assumptions for unavailable data were approved by Caterpillar and reflected in the data:

• Missing date of birth	Participants who are missing their date of birth were assigned an average age based on the participant's status. Beneficiaries who are missing their date of birth were assigned the participant's date of birth plus three years for male participants and minus three years for female participants
• Missing sex code	A male sex code is assigned to a participant and a female sex code is assigned to a beneficiary when their sex code is unavailable. For those participants missing their beneficiary's sex code and have a joint and survivor form of payment, the beneficiary is assigned a sex code opposite of the participant's sex code Participants with an 'N' or 'O' gender were assumed to be female for valuation purposes as an assumption of female mortality will be less likely to understate the PBO for such participants
• Missing benefit	Participants with missing benefits are assigned an average benefit amount based on the participant's status and/or service where available

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▸ ☒

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▸ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▸ 039

1c Effective date of plan 01/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

CATERPILLAR INC.

5205 N. O'CONNOR BOULEVARD
SUITE 100
IRVING TX 75039

2b Employer Identification Number (EIN) 37-0602744

2c Plan Sponsor's telephone number 972-891-7700

2d Business code (see instructions) 333100

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

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

SIGN HERE	Signature of plan administrator	Date 9/22/26	Anneleen Wouters Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CATERPILLAR INC.
PLAN ADMINISTRATOR
100 NE ADAMS ST. AB4400

PEORIA IL 61629

3b Administrator's EIN: 37-0602744

3c Administrator's telephone number: 309-675-1000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	736
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	108
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	105
b	Retired or separated participants receiving benefits	**6b**	346
c	Other retired or separated participants entitled to future benefits	**6c**	144
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	595
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	107
f	Total. Add lines **6d** and **6e**.	**6f**	702
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1C 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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 _____
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
CATERPILLAR GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 039

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CATERPILLAR INC.

D Employer Identification Number (EIN)
37-0602744

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	46,084,189
b Actuarial value	**2b**	46,878,170

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	470	32,694,371	32,694,371
b For terminated vested participants	167	3,620,153	3,620,153
c For active participants	104	5,701,799	6,245,167
d Total	741	42,016,323	42,559,691

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

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**	5.27%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	178,000
c Target normal cost	**6c**	178,000

Statement by Enrolled Actuary

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

SIGN HERE Matthew Wall

Signature of actuary — Date: 09/10/2026

Matthew Wall — Type or print name of actuary

2608570 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

312-525-2500 — Telephone number (including area code)

PO Box 677401

Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.87 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	110.14 %
15	Adjusted funding target attainment percentage	15	110.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	120.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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 [X] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [ ] Yes [X] 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** 178,000

b Excess assets, if applicable, but not greater than line 31a **31b** 178,000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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 [X] 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed. For each active participant, an expected retirement age was calculated weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all participants on January 1, 2025.

Plan Name:	Caterpillar Global Mining Legacy Hourly Employees' Pension Plan
EIN / PN:	37-0602744 / 039
Plan Sponsor:	Caterpillar Inc.
Valuation Date:	January 1, 2025

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Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Global Mining Legacy Hourly Employees' Pension Plan

Actuarial Assumptions and Methods – Funding

Economic Assumptions

Interest rate basis:

• Applicable month	December
• Interest rate basis	Full Yield Curve

Interest rates:

• 10-year rate	5.13%
• 20-year rate	5.55%
• 30-year rate	5.58%
• Effective interest rate	5.27%

Annual rates of increase

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on compensation	N/A

Cash balance rate

• Initial year rate (actual)	4.64% Rate shown is compounded monthly rate based on the underlying 30-year annual Treasury Rate of 4.55%
• Ultimate rate	4.55%

Lump sum conversion basis	Based on the annuity substitution approach method under IRS Regulation 1.430(d)-1(f)(4); using the funding interest rates reflecting stabilization corridors described above

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Administrative and investment expenses	$178,000, based on an estimate of PBGC premiums and service providers' fees to be paid by the trust

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

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant
New or rehired employees	It was assumed there will be no new or rehired employees
Mortality	
• Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024). Mortality for lump sum conversions is based on the 2025 IRS unisex mortality table prescribed under 417(e) for 2025 lump sum payments.
• Disabled	Same as healthy.

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Termination

The rates at which participants are assumed to leave the company vary by age and are shown below:

Percentage retiring during the year	
Age	**Male/Female**
20	7.45%
25	4.94
30	3.42
35	2.38
40	1.33
45	0.70
50	0.15
55	0.15
60	0.00
65	0.00

Disability rates

Two times Class 1 rate of disability. Disabled participants are assumed to be eligible for unreduced Social Security benefits upon disability retirement

Retirement

Rates vary by age. The average expected retirement age for the current active population is 64.

The rates at which participants retire are shown below:

Percentage retiring during the year	
Age	**Male/Female**
60	10.00%
61	5.00
62	60.00
63	60.00
64	60.00
65	100.00

Form of payment

90% of cash balance participants are assumed to elect the lump sum form of payment. All other participants are assumed to elect the normal form. Cash balance accounts are converted to annuities using valuation interest rates and the PPA Unisex Combined Mortality table for the valuation year

Percent Married

65% of participants

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Spouse Age	Wife three years younger than husband
At-risk assumptions, if applicable	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year, if any, plus plan-related expenses expected to be paid from plan assets during plan year
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year)
Benefits not valued	Benefits described as “Other Early Retirement” benefits in the plan provisions summary, to the extent payable prior to the assumed retirement age, are not included in the liabilities until the date of such other early retirement

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Decrement Timing Model	Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year. In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.

Sources of Data

Caterpillar, through its third-party administrator, furnished participant data as of January 1, 2025. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. The following assumptions for unavailable data were approved by Caterpillar and reflected in the data:

• Missing date of birth	Participants who are missing their date of birth were assigned an average age based on the participant's status. Beneficiaries who are missing their date of birth were assigned the participant's date of birth plus three years for male participants and minus three years for female participants
• Missing sex code	A male sex code is assigned to a participant and a female sex code is assigned to a beneficiary when their sex code is unavailable. For those participants missing their beneficiary's sex code and have a joint and survivor form of payment, the beneficiary is assigned a sex code opposite of the participant's sex code Participants with an 'N' or 'O' gender were assumed to be female for valuation purposes as an assumption of female mortality will be less likely to understate the PBO for such participants
• Missing benefit	Participants with missing benefits are assigned an average benefit amount based on the participant's status and/or service where available

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Schedule SB, Part V
Summary of Plan Provisions

CATERPILLAR INC.

GLOBAL MINING LEGACY HOURLY EMPLOYEES' PENSION PLAN

ELIGIBILITY AND BENEFIT PROVISIONS AS OF DECEMBER 31, 2024 AND JANUARY 1, 2025

The plan was closed to new entrants as of December 31, 2013. Benefit accruals for all plan participants were frozen as of December 31, 2013, and benefits shall not increase, except to the extent that Interest Credits are provided to Cash Balance Participants. Plan participants will continue to earn service toward pension eligibility while actively employed by Caterpillar.

	Eligibility	Amount of Benefit
1. Normal Retirement Benefit		
Employees hired before January 1, 2005		
a. Benefit Formula	Age 65, 5 years of service, and retiring in 2005 and after	$40.00 per year of service for retirement in 2005 and 2006, increasing by $1.00 per year starting in 2007 and reaching $47.00 in 2013, with an ultimate amount of $49.00 for retirements on or after December 31, 2013.
Employees hired after January 1, 2005		
a. Cash Balance Formula	Age 65 and 3 years of service	A participant's cash balance account is credited monthly with an amount equal to a percentage of the participant's monthly compensation based on years of service at the end of the prior plan year. The percentage is 4.0% for less than 5 years of service, increasing by 0.5% for every 5 years of service, and reaching an ultimate of 7.0% for 30 years or more of service.
b. Interest Credits		Credited monthly with an interest rate equal to 30-year treasury securities for November of the preceding year.

Plan Name:	Caterpillar Global Mining Legacy Hourly Employees' Pension Plan
EIN / PN:	37-0602744 / 039
Plan Sponsor:	Caterpillar Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

	Eligibility	Amount of Benefit
2. Early Retirement Benefit		
Employees hired before January 1, 2005	Age 60 and 15 years of service	Accrued normal retirement benefit at age 65 or actuarial equivalent at early age. Accrued benefit payable without reduction at age 60 with 30 years of service. Unreduced benefits at age 62 with 15 or more years of service, benefits payable prior to age 62 are reduced from age 62.
Employees hired after January 1, 2005	3 years of service	Cash Balance as computed in (1).
3. Other Early Retirement		
Employees hired before January 1, 2005	15 years of service and (i) over 55, and age plus service is 70 or more or (ii) age plus service is 80 or more, if laid-off, or in the event of shutdown	Full accrued benefit commencing at early age plus a $300 supplement payable monthly until eligible for full Social Security benefits.
Employees hired after January 1, 2005	N/A	N/A
4. Vested Benefit		
Employees hired before January 1, 2005	5 or more years of service	Full accrued benefit at age 65, or reduced at or after age 60.
Employees hired after January 1, 2005	3 or more years of service	Cash Balance as computed in (1).

SCHEDULE SB ATTACHMENTS

	Eligibility	Amount of Benefit
5. Disability Benefit		
Employees hired before January 1, 2005	15 or more years of service	Full accrued benefit with added $300 monthly until eligible for unreduced Social Security benefits.
Employees hired after January 1, 2005	N/A	N/A
6. Pre-retirement Death Benefit		
Employees hired before January 1, 2005		
a. Pre-Pension Spouse Coverage	5 years of service	50% of the accrued benefit, reduced to reflect the survivor form of payment, is payable for the life of the surviving spouse commencing no earlier than the participant's earliest retirement age.
b. Special Surviving Spouse's Benefit	Death after 15 years of service while in service or death after age 50 and before age 65 after retirement	50% of regular pension to spouse (not less than $75) until age 65, then reduced by 65% of Widow's Primary Social Security (not less than $25). A reduction is applied if the spouse is under age 50 at time of employee's death.
	Death of participant	The participant's beneficiary will receive a death benefit in an amount equal to the vested balance of the participant's cash balance account. If the beneficiary is the participant's surviving spouse, the death benefit will be paid in the form of an actuarially equivalent single life annuity, unless the spouse elects to receive a lump sum payment.
Employees hired after January 1, 2005		

SCHEDULE SB ATTACHMENTS

	Eligibility	Amount of Benefit
7. Special Payment		
Employees hired before January 1, 2005	Retirement, except for disability retirement and deferred vested	Thirteen weeks, reduced by the number of weeks of vacation paid to the participant in the year of retirement, paid at the standard hourly rate of pay (in lieu of pension for three months)
Employees hired after January 1, 2005	N/A	N/A
8. Forms of Payment (currently available to participants commencing retirement)	Preretirement death benefits are payable only as described above. For participants without an eligible spouse, the normal form of payment is the Straight Life Annuity Option. For others, the normal form is a 50% Joint & Survivor Annuitant Option. Other forms include 75% or 100% Joint & Survivor Annuitant Option, or (for married participants) a Straight Life Annuity. Cash balance benefits can be paid as a lump sum.	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2025

Number distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	1	0	0	0	0	0	0	0	1
40-44	0	0	6	1	0	0	0	0	0	0	7
45-49	0	1	7	3	0	0	0	0	0	0	11
50-54	0	0	12	0	3	3	0	0	0	0	18
55-59	0	1	14	4	6	3	1	0	0	0	29
60-64	0	1	8	1	6	2	0	1	1	0	20
65-69	0	0	10	0	3	0	2	0	0	0	15
70 & over	0	0	2	0	1	0	0	0	0	0	3
Total	0	3	60	9	19	8	3	1	1	0	104

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

Plan Name: Caterpillar Global Mining Legacy Hourly Employees' Pension Plan
EIN / PN: 37-0602744 / 039
Plan Sponsor: Caterpillar Inc.
Valuation Date: January 1, 2025

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Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed. For each active participant, an expected retirement age was calculated weighted in proportion to the probability that the individual would remain an active participant to each age and then retire at that age. The plan's weighted average retirement age of 64 is the arithmetic average of the expected retirement ages of all participants on January 1, 2025.

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Schedule SB, Part V
Summary of Plan Provisions

CATERPILLAR INC.

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SCHEDULE SB ATTACHMENTS

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Employees hired after January 1, 2005	3 years of service	Cash Balance as computed in (1).
3. Other Early Retirement		
Employees hired before January 1, 2005	15 years of service and (i) over 55, and age plus service is 70 or more or (ii) age plus service is 80 or more, if laid-off, or in the event of shutdown	Full accrued benefit commencing at early age plus a $300 supplement payable monthly until eligible for full Social Security benefits.
Employees hired after January 1, 2005	N/A	N/A
4. Vested Benefit		
Employees hired before January 1, 2005	5 or more years of service	Full accrued benefit at age 65, or reduced at or after age 60.
Employees hired after January 1, 2005	3 or more years of service	Cash Balance as computed in (1).

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	Eligibility	Amount of Benefit
5. Disability Benefit		
Employees hired before January 1, 2005	15 or more years of service	Full accrued benefit with added $300 monthly until eligible for unreduced Social Security benefits.
Employees hired after January 1, 2005	N/A	N/A
6. Pre-retirement Death Benefit		
Employees hired before January 1, 2005		
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Employees hired after January 1, 2005		

SCHEDULE SB ATTACHMENTS

	Eligibility	Amount of Benefit
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Employees hired before January 1, 2005	Retirement, except for disability retirement and deferred vested	Thirteen weeks, reduced by the number of weeks of vacation paid to the participant in the year of retirement, paid at the standard hourly rate of pay (in lieu of pension for three months)
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