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. . . . . ▶ [ ]

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
PENSION PLAN OF NEWMONT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1946

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)
NEWMONT USA LIMITED

6900 E LAYTON AVE
SUITE 700
DENVER, CO 80237-3617

2b Employer Identification Number (EIN)
13-2526632

2c Plan Sponsor's telephone number
303-863-7414

2d Business code (see instructions)
212200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	JOSHUA CAGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2176
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)**	822
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	568
b	Retired or separated participants receiving benefits	**6b**	235
c	Other retired or separated participants entitled to future benefits	**6c**	1210
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2013
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	67
f	Total. Add lines **6d** and **6e**.	**6f**	2080
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**	2
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:

1A 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

E Type of plan: [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**	271037601
b Actuarial value	**2b**	271458451

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	262	47438847	47438847
b For terminated vested participants	1118	98459306	98459306
c For active participants	831	73755117	86718489
d Total	2211	219653270	232616642

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	10855087
b Expected plan-related expenses	**6b**	592000
c Target normal cost	**6c**	11447087

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

10/07/2026
Date

AMY ELIZABETH AYRES
Type or print name of actuary

26-06594
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3400
Telephone number (including area code)

PO BOX 674401
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	119192235
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	14500204
9	Amount remaining (line 7 minus line 8)	0	104692031
10	Interest on line 9 using prior year's actual return of 2.73 %	0	2858092
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 5.19 %		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	22185000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	85365123

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	116.69 %
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	82.27 %
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	11447087
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	46523314	4707102
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**	16154189

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	16154189	16154189

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RUSSEL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	892613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	531001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET RETIREE SERVICES

04-3581074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	14467	Yes ☐ No ☒	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 ☐

(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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

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: EQUITY INCOME II

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

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)
91-1117282-006	C	11058163

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SERIES

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

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)
91-1117282-033	C	21668194

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND

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

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)
91-1117282-010	C	13917365

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND

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

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)
91-1117282-005	C	19590809

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD EQUITY FUND

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

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)
91-1117282-046	C	55470437

a Name of MTIA, CCT, PSA, or 103-12 IE: 10-15 YEAR STRIPS FIXED INCOME FUND

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

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)
26-6609096-010	C	31444882

a Name of MTIA, CCT, PSA, or 103-12 IE: 25+ YEAR STRIPS FIXED INCOME FUND

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

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)
26-6609096-001	C	40993942

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

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

c EIN-PN 26-6609096-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49011873

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND

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

c EIN-PN 32-0245912-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11029278

a Name of MTIA, CCT, PSA, or 103-12 IE: MARKETABLE REAL ASSET FUND

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

c EIN-PN 91-1117282-077	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13746961

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE EQUITY FUND

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

c EIN-PN 91-1117282-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11335888

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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

Part I Asset and Liability Statement

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)	1115846	937574
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)	258492857	268238514
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	11428898	11029278
(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)	1	1

		(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	271037602	280205367
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	229095	228963
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	229095	228963
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	270808507	279976404

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)		33515623
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		944408
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		415663
d Total income. Add all **income** amounts in column (b) and enter total	2d		34875694
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24019460	
(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)		24019460
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)	12067	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	892613	
(7) Actuarial fees	2i(7)	531001	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	230656	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1688337
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25707797
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9167897
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**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 584177.

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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

Part I Distributions

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): 91-1116938

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 144

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: 43.6 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 43.5 %
High-Yield Debt: 3.9 % Real Assets: 9.0 % Cash or Cash Equivalents: _____% Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Pension Plan of Newmont

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

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

Pension Plan of Newmont

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Pension Plan of Newmont

Contents

Independent Auditor's Report 3-6

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 8

Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2025 and 2024 9

Notes to Financial Statements 10-17

ERISA-Required Supplemental Schedules

Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 19

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 20

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

Tel: 303-803-1120
Fax: 303-830-8130
www.bdo.com

303 East 17th Avenue
Suite 600
Denver, CO 80203

Independent Auditor's Report

The Participants and Administrator
Pension Plan of Newmont
Denver, Colorado

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-required Supplemental Schedule H (Form 5500), line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the ERISA-required Supplemental Schedule H (Form 5500), line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying

accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

September 24, 2026

Financial Statements

Pension Plan of Newmont

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value	**$ 279,267,793**	$ 269,921,756
Accrued investment income receivable	**937,574**	1,115,846
Total Assets	**280,205,367**	271,037,602
Liabilities		
Other liabilities	**1,250**	-
Accrued administrative expenses	**227,713**	229,095
Total Liabilities	**228,963**	229,095
Net Assets Available for Benefits	**$ 279,976,404**	$ 270,808,507

See accompanying notes to financial statements.

Pension Plan of Newmont

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Net appreciation in the fair value of investments	**$ 34,460,031**	$ 7,995,986
Employer contributions	**-**	-
Other income	**415,663**	424,853
Total Additions	**34,875,694**	8,420,839
Deductions		
Benefits paid to participants	**24,019,460**	16,024,112
Administrative expenses	**1,688,337**	1,590,430
Total Deductions	**25,707,797**	17,614,542
Net Change in Net Assets	**9,167,897**	(9,193,703)
Net Assets Available for Benefits, beginning of year	**270,808,507**	280,002,210
Net Assets Available for Benefits, end of year	**$ 279,976,404**	$ 270,808,507

See accompanying notes to financial statements.

1. Description of the Plan

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

General

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

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

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

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

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

Funding Policy

The Company's annual contributions to the Plan are: (i) based upon calculations prepared by the Plan's consulting actuary using the unit credit actuarial cost method; (ii) in such amounts as are considered necessary to maintain the Plan in sound condition; and (iii) consistent with the minimum funding requirements of ERISA and the maximum contribution permitted by the Internal Revenue Service (IRS). For the years ended December 31, 2025 and 2024, all required contributions were satisfied with the pre-funded balances, and therefore, there were no contributions due to the Plan.

Vesting and Payment of Benefits

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Use of Estimates

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

Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations

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

Investments

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

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

Group Annuity Contracts

Effective March 25, 2022, the Company executed an annuitization transfer of a portion of the plan obligations to an insurance company. This was a fully allocated contract and the assets and obligations transferred are excluded from the Plan.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses of the Plan

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

3. Actuarial Valuation

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

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

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

December 31, 2024		
Vested accumulated benefits:		
Active participants	$	61,135,832
Participants with deferred benefits		81,599,456
Participants receiving benefits		41,586,317
Total Vested Accumulated Benefits		184,321,605
Non-vested accumulated benefits		10,852,124
Total Actuarial Present Value of Accumulated Benefits	$	195,173,729
Actuarial Present Value of Accumulated Benefits, December 31, 2023	$	186,473,260
Increase (decrease) during the year attributed to:		
Benefits accumulated		8,090,839
Actuarial losses (gains)		2,119,520
Decrease in the discount period		13,525,023
Benefits paid		(16,024,112)
Assumption changes		989,199
Net Increase		8,700,469
Total Actuarial Present Value of Accumulated Benefits, December 31, 2024	$	195,173,729

The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 were as follows:

Actuarial cost method:	2025 and 2024: Unit credit actuarial cost method
Normal retirement age:	2025 and 2024: 65 and five years of participation
Mortality:	2025 and 2024: Pri-2012 White Collar Nondisabled Mortality tables for males and females projected forward from 2012 with Scale MP-2021 for salaried participants; Pri-2012 Blue Collar Nondisabled Mortality tables for males and females projected forward from 2012 with Scale MP-2021 for union employees.
Discount rate:	2025: 7.20% (per annum, compounded annually) 2024: 7.25% (per annum, compounded annually)

The actuarial valuations as of January 1, 2025 and 2024 were made based on the employee census as of such dates and represent the most recent actuarial valuations. Had these valuations been performed as of December 31, 2024 and 2023, there would be no material differences. The divesture of the Cripple Creek & Victor location was on February 28, 2025, and these divested employees were included in the January 1, 2025 valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue in existence. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits.

4. Plan Termination

The Company's Board of Directors may terminate the Plan at any time. Whether a particular participant's accumulated benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

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

a) To provide benefits for those persons who were receiving monthly payments at the beginning of the five-year period ending on the termination date of the Plan, or who would have been receiving monthly payments at the beginning of such five-year period if they had been eligible to and had elected to retire prior to the beginning of such five-year period.

b) To provide benefits guaranteed by the PBGC, not to exceed the guarantee limits.

c) To provide all other uninsured vested benefits.

d) To provide all other benefits under the Plan.

e) If the benefits in a. and b. above cannot be provided, then the funds available shall be allocated pro rata among such persons, based on the actuarial reserve for the benefits described in the applicable class.

f) Any amount remaining following the order of allocations set forth above shall be returned to the Company.

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

5. Tax Status

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and investment transactions for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company, a qualified institution.

7. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Commingled Funds – These funds are valued at the NAV of units held by the trustee of the funds. The NAV is used as a practical expedient based on the fair value of the underlying investments held by the commingled funds less its liabilities. The fair value of the underlying investments is

determined using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. The commingled funds provide for daily redemptions by the Plan at reported NAV with no advance notice. There are no unfunded commitments related to these investments. These are direct filing entities.

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

Other Equity Security – Other equity security is valued at ownership interest in the NAV of the security. This investment is considered a Level 3 investment. During the years ended December 31, 2025 and 2024 there were no purchases or sales of the investment.

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Other equity security	$ -	$ -	$ 1	$ 1
Investments measured at NAV				279,267,792
Total Investments, at fair value				$ 279,267,793

December 31, 2024

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

8. Related Party and Party-in-Interest Transactions

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

9. Subsequent Events

The Company has evaluated events subsequent to December 31, 2025, through September 24, 2026, which is the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Pension Plan of Newmont

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

EIN: 13-2526632 Plan No.: 001

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Commingled Funds			
*	Russell Investment Trust Company	Equity Income II Fund	$ 6,122,892	$ 11,058,163
*	Russell Investment Trust Company	1000 Index Fund Series I	9,057,325	21,668,194
*	Russell Investment Trust Company	Emerging Markets Fund	8,249,664	13,917,365
*	Russell Investment Trust Company	International Fund	9,624,499	19,590,809
*	Russell Investment Trust Company	World Equity Fund	25,216,253	55,470,437
*	Russell Investment Trust Company	10-15 Year Strips Fixed Income Fund	30,970,435	31,444,882
*	Russell Investment Trust Company	25+ Year Strips Fixed Income Fund	57,039,690	40,993,942
*	Russell Investment Trust Company	14 Year LDI Fixed Income Fund	44,552,287	49,011,873
*	Russell Investment Trust Company	Marketable Real Asset Fund	9,246,314	13,746,961
*	Russell Investment Trust Company	Real Estate Equity Fund	5,013,647	11,335,888
	103-12 Investment Entity			
*	Russell Investments Institutional Funds, LLC	High Yield Bond Fund	6,301,208	11,029,278
	Other Equity Investment			
	Listerine	Royalty Interest Direct	1	1
			$211,394,215	$279,267,793

* Represents a party-in-interest, as defined by ERISA.

Pension Plan of Newmont

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

EIN: 13-2526632 **Plan No.: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - a Series of Transactions								
* Russell Investment Trust Company	World Equity Fund	$2,562,809	$12,702,781	$ -	$ -	$6,520,895	$15,265,590	$6,181,886
Total Category (iii)		$2,562,809	$12,702,781	$ -	$ -	$6,520,895	$15,265,590	$6,181,886

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

* Represents a party-in-interest, as defined by ERISA.

SCHEDULE SB ATTACHMENTS

DRAFT

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

Attained Age	Attained Years of Credited Service[1]										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	3	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	25	5	4	0	0	0	0	0	0	34
	-	104,233	-	-	-	-	-	-	-	-	108,118
30-34	0	45	28	10	0	0	0	0	0	0	83
	-	139,807	149,897	-	-	-	-	-	-	-	145,217
35-39	0	38	39	45	12	1	0	0	0	0	135
	-	168,612	167,496	181,972	-	-	-	-	-	-	175,413
40-44	0	31	39	31	23	6	0	0	0	0	130
	-	237,153	222,172	180,788	204,600	-	-	-	-	-	213,126
45-49	0	29	29	37	25	20	1	0	0	0	141
	-	229,335	247,481	188,191	258,814	244,845	-	-	-	-	228,935
50-54	3	38	26	27	18	12	8	6	0	0	138
	-	219,882	234,493	230,235	-	-	-	-	-	-	220,467
55-59	0	14	25	24	6	10	5	10	1	0	95
	-	-	225,493	259,934	-	-	-	-	-	-	221,871
60-64	2	8	13	11	7	5	2	6	0	0	54
	-	-	-	-	-	-	-	-	-	-	204,745
65-69	0	0	2	3	3	2	0	0	1	0	11
	-	-	-	-	-	-	-	-	-	-	-
70 & over	0	2	1	0	1	1	0	2	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
Total	5	233	207	192	95	57	16	24	2	0	831
	-	182,051	204,439	199,526	216,599	221,324	-	235,297	-	-	200,071

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

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2025

DRAFT

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

• Assumed interest rates for 417(e)	Stable Value benefits are reduced for commencement prior to normal retirement based on 417(e) assumptions. The valuation reflects estimated 417(e) interest rates based on the non-average IRS segment rates for January of the valuation year.

Annual rates of increase

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

DRAFT

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

DRAFT

SCHEDULE SB ATTACHMENTS

Termination

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

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

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

DRAFT

SCHEDULE SB ATTACHMENTS

Disability

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

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

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

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

DRAFT

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

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

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

Percent married — For purposes of valuing the pre-retirement surviving spouse's (or domestic partner's) benefit, 75% of eligible participants are assumed to be married or have a domestic partner.

Spouse age — Females two years younger than males

Timing of benefit payments — Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan-related expenses — The amount included this year for plan-related expenses is $592,000.

Methods

Valuation date — First day of plan year

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

DRAFT

SCHEDULE SB ATTACHMENTS

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Participant Data

Employee data was supplied by Newmont Corporation as of the census date.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Newmont Corporation regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Newmont Corporation and, based on that review, is not aware of any significant benefits required to be valued that were not.

DRAFT

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Pension Plan of Newmont

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

EIN: 13-2526632 **Plan No.: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - a Series of Transactions								
* Russell Investment Trust Company	World Equity Fund	$2,562,809	$12,702,781	$ -	$ -	$6,520,895	$15,265,590	$6,181,886
Total Category (iii)		$2,562,809	$12,702,781	$ -	$ -	$6,520,895	$15,265,590	$6,181,886

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

* Represents a party-in-interest, as defined by ERISA.

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
PENSION PLAN OF NEWMONT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NEWMONT USA LIMITED

D Employer Identification Number (EIN)
13-2526632

E Type of plan: [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**	271,037,601
b Actuarial value	**2b**	271,458,451

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	262	47,438,847	47,438,847
b For terminated vested participants	1,118	98,459,306	98,459,306
c For active participants	831	73,755,117	86,718,489
d Total	2,211	219,653,270	232,616,642

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	10,855,087
b Expected plan-related expenses	**6b**	592,000
c Target normal cost	**6c**	11,447,087

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 Amy Elizabeth Ayres AEA — 10/7/2026

Signature of actuary — Date

AMY ELIZABETH AYRES — 2606594

Type or print name of actuary — Most recent enrollment number

WILLIS TOWERS WATSON US LLC — 212-309-3400

Firm name — Telephone number (including area code)

PO BOX 674401

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	119,192,235
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	14,500,204
9	Amount remaining (line 7 minus line 8)	0	104,692,031
10	Interest on line 9 using prior year's actual return of 2.73%	0	2,858,092
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 5.19%		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	22,185,000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	85,365,123

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	116.69 %
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	82.27 %
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? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	60

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	11,447,087
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	46,523,314	4,707,102
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**	16,154,189

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	16,154,189	16,154,189

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

DRAFT

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

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

Average age at retirement	59.8443
Rounded for Schedule SB Line 22	**60.0000**

Plan Name:	Pension Plan of Newmont
EIN / PN:	13-2526632/001
Plan Sponsor:	Newmont USA Limited
Valuation Date:	January 1, 2025

DRAFT

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	6,806,419	4,024,974	4,261,097	15,092,490
2026	5,791,819	2,743,340	3,784,159	12,319,318
2027	5,692,613	3,966,286	3,730,975	13,389,874
2028	5,320,453	5,382,672	3,680,131	14,383,256
2029	4,919,338	6,323,273	3,628,885	14,871,496
2030	4,965,043	5,537,261	3,564,444	14,066,748
2031	4,994,842	6,981,108	3,497,660	15,473,610
2032	4,919,779	8,075,249	3,439,757	16,434,785
2033	4,866,201	7,749,780	3,961,355	16,577,336
2034	4,746,673	7,574,113	3,310,893	15,631,679
2035	4,786,274	7,083,810	3,240,248	15,110,332
2036	4,837,367	7,856,051	3,164,260	15,857,678
2037	4,948,160	8,613,123	3,081,641	16,642,924
2038	4,962,800	7,944,186	2,992,088	15,899,074
2039	5,022,372	8,383,943	2,889,411	16,295,726
2040	5,081,477	6,531,348	2,780,559	14,393,384
2041	5,134,170	6,499,740	2,673,045	14,306,955
2042	5,227,870	7,400,139	2,559,291	15,187,300
2043	5,269,244	7,946,285	2,439,375	15,654,904
2044	5,285,032	6,099,694	2,313,467	13,698,193
2045	5,251,908	7,068,664	2,181,830	14,502,402
2046	5,229,415	6,919,159	2,044,899	14,193,473
2047	5,210,092	6,004,159	1,903,387	13,117,638
2048	5,177,580	5,624,546	1,758,316	12,560,442
2049	5,152,537	5,684,607	1,611,003	12,448,147
2050	5,142,565	6,011,644	1,463,075	12,617,284
2051	5,090,861	5,669,038	1,316,379	12,076,278
2052	4,982,022	4,497,704	1,172,811	10,652,537
2053	4,872,845	4,397,051	1,034,250	10,304,146
2054	4,727,160	3,936,737	902,451	9,566,348
2055	4,561,161	4,264,716	778,908	9,604,785

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2025

DRAFT

SCHEDULE SB ATTACHMENTS

2056	4,379,332	3,309,948	664,813	8,354,093
2057	4,190,269	2,871,227	561,010	7,622,506
2058	3,985,777	2,603,263	467,970	7,057,010
2059	3,760,589	2,317,437	385,826	6,463,852
2060	3,534,491	2,238,976	314,410	6,087,877
2061	3,309,177	1,833,082	253,296	5,395,555
2062	3,080,408	1,581,991	201,828	4,864,227
2063	2,848,993	1,384,784	159,175	4,392,952
2064	2,621,406	1,202,964	124,399	3,948,769
2065	2,399,156	1,037,370	96,498	3,533,024
2066	2,184,508	888,308	74,452	3,147,268
2067	1,978,870	755,594	57,289	2,791,753
2068	1,783,115	638,636	44,106	2,465,857
2069	1,598,069	536,524	34,097	2,168,690
2070	1,424,322	448,133	26,561	1,899,016
2071	1,262,229	372,221	20,911	1,655,361
2072	1,111,965	307,511	16,666	1,436,142
2073	973,542	252,732	13,449	1,239,723
2074	846,836	206,655	10,975	1,064,466

DRAFT

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on February 19, 2024 and effective January 1, 2024.

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

Definitions

Final Average Compensation / Salary (Prior Plan)	Average annual compensation during the 60 consecutive months of highest earnings in the last 120 months of credited service.

DRAFT

SCHEDULE SB ATTACHMENTS

Benefits

Final Average Pay Normal Retirement Benefit (Prior Plan)

A participant's normal retirement age is 62.

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

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

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

Stable Value Normal Retirement Benefit

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

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

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

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

DRAFT

SCHEDULE SB ATTACHMENTS

Transition Credits

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

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

Hourly Normal Retirement Benefit (former Hourly Plan)

A participant's normal retirement age is 65.

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

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

Final Average Pay Early Retirement Benefit (Prior Plan)

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

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

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

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

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

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

DRAFT

SCHEDULE SB ATTACHMENTS

	month the commencement date precedes the date on which the participant would have first attained age 62.
Stable Value Early Retirement Benefit	A Stable Value Participant may receive an early retirement lump sum that is the actuarial equivalent of the Stable Value Benefit using the lesser of 6.5% or the 417(e) interest rate. Alternatively, a Stable Value participant may elect an actuarially equivalent annuity which would be converted using the IRC Section 417(e) assumptions.
Hourly Early Retirement Benefit (former Hourly Plan)	A participant who has attained age 55 and has completed at least 10 years of service may elect to retire prior to age 65. The amount of monthly pension commencing at age 65 is computed as in Normal Retirement Benefit but based on service to the early retirement date. If the participant elects, he may receive a pension reduced by 1/3 of 1% for each month that commencement is before normal retirement date.
Disability Benefit	A participant who becomes totally and permanently disabled after completing at least 5 years of service will receive his accrued pension commencing at age 62, or at an actuarially equivalent basis.
Hourly Disability Benefit (former Hourly Plan)	A participant with at least 5 years of service who becomes permanently and totally disabled before age 65 will be retired provided the participant qualifies for Social Security disability benefits. The amount of monthly pension commencing at disability retirement is computed as in Normal Retirement Benefit, but is based on credited service to the date of disability retirement.
Vested Benefits Upon Termination of Service (Prior Plan)	A participant who terminates his employment after completing at least 5 years of service will receive his accrued pension commencing at age 62, or at an actuarially equivalent basis. A participant with 30 years of service who terminates prior to age 55 will receive an unreduced pension at age 55. A participant with 10 years of service who terminates prior to age 55 may commence prior to their normal retirement date with a reduction of ½% per month.

DRAFT

SCHEDULE SB ATTACHMENTS

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

Other Plan Provisions

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

DRAFT

SCHEDULE SB ATTACHMENTS

	divided by the cost-of-living index for the participant's "base month". "Base month" is the later of October, 1969 or the first month of pension payment to the participant. "Adjustment month" is each October subsequent to the participant's base month. The adjustment factor cannot be less than 100% and shall be revised as of each January 1 by adding or subtracting, as appropriate, the lesser of 5% and the percentage change in the cost-of-living index. The adjustment shall not increase the monthly pension in any year by more than $150 and the aggregate cost-of-living adjustment cannot exceed 100% of the base pension.
Pension Increases	None.
Plan participants' contributions	Participants are not required nor permitted to contribute to the plan. The full costs of benefits provided under the plan and administrative expenses are borne by the Company.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Changes in Benefits Valued Since Prior Year

None.

Pension Plan of Newmont

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

EIN: 13-2526632 Plan No.: 001

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Commingled Funds			
*	Russell Investment Trust Company	Equity Income II Fund	$ 6,122,892	$ 11,058,163
*	Russell Investment Trust Company	1000 Index Fund Series I	9,057,325	21,668,194
*	Russell Investment Trust Company	Emerging Markets Fund	8,249,664	13,917,365
*	Russell Investment Trust Company	International Fund	9,624,499	19,590,809
*	Russell Investment Trust Company	World Equity Fund	25,216,253	55,470,437
*	Russell Investment Trust Company	10-15 Year Strips Fixed Income Fund	30,970,435	31,444,882
*	Russell Investment Trust Company	25+ Year Strips Fixed Income Fund	57,039,690	40,993,942
*	Russell Investment Trust Company	14 Year LDI Fixed Income Fund	44,552,287	49,011,873
*	Russell Investment Trust Company	Marketable Real Asset Fund	9,246,314	13,746,961
*	Russell Investment Trust Company	Real Estate Equity Fund	5,013,647	11,335,888
	103-12 Investment Entity			
*	Russell Investments Institutional Funds, LLC	High Yield Bond Fund	6,301,208	11,029,278
	Other Equity Investment			
	Listerine	Royalty Interest Direct	1	1
			$211,394,215	$279,267,793

* Represents a party-in-interest, as defined by ERISA.

DRAFT

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	8,699,954	15.00000	8,699,954	811,188
2. Shortfall	01/01/2024	(1,800,610)	14.00000	(1,677,568)	(163,820)
3. Shortfall	01/01/2023	44,329,577	13.00000	39,500,928	4,059,734
Total				46,523,314	4,707,102

Plan Name: Pension Plan of Newmont
EIN / PN: 13-2526632/001
Plan Sponsor: Newmont USA Limited
Valuation Date: January 1, 2025