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
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1947

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)
HECLA MINING COMPANY

6500 N MINERAL DRIVE SUITE 200
COEUR DALENE, ID 83815

2b Employer Identification Number (EIN) 77-0664171

2c Plan Sponsor's telephone number 208-769-4100

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.	10/13/2026	KARI MOYES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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**	1802
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)**	562
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	552
b	Retired or separated participants receiving benefits	**6b**	483
c	Other retired or separated participants entitled to future benefits	**6c**	694
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1729
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	95
f	Total. Add lines **6d** and **6e**.	**6f**	1824
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**	25
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)** [ ]	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
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HECLA MINING COMPANY

D Employer Identification Number (EIN)
77-0664171

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**	117355534
b Actuarial value	**2b**	116743756

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	575	57081099	57081099
b For terminated vested participants	677	23183891	23184697
c For active participants	562	33105399	34287648
d Total	1814	113370389	114553444

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3613038
b Expected plan-related expenses	**6b**	1000000
c Target normal cost	**6c**	4613038

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

10/06/2026
Date

NANCY TEAGUE LEE
Type or print name of actuary

26-07500
Most recent enrollment number

NWPS
Firm name

206-713-3801
Telephone number (including area code)

160 W SANTA CLARA STREET STE 1550
SAN JOSE, CA 95113
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	18271729
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5366555
9	Amount remaining (line 7 minus line 8)	0	12905174
10	Interest on line 9 using prior year's actual return of 7.48 %	0	965307
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 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	13870481

Part III Funding Percentages

14	Funding target attainment percentage	14	89.80 %
15	Adjusted funding target attainment percentage	15	101.91 %
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	93.85 %
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**	61

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**	4613038
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11680169	1117536
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5730574

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5730574	5730574

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**	
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
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HECLA MINING COMPANY

D Employer Identification Number (EIN)
77-0664171

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).. . . . . [X] 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

THE VANGUARD GROUP INC
PO BOX 2600
VALLEY FORGE, PA 19482

23-1945930

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

PINNACLE EQUITY FUND L P
335 MADISON AVENUE 11TH FLOOR
NEW YORK, NY 10017-4611

13-3485967

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

PIMCO TOTAL RETURN FUND
650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

33-0629048

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

Q-BLK STRAT PTRS/BLACKROCK FIN MGMT
601 UNION STREET 56TH FLOOR
SEATTLE, WA 98101

13-3806691

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

DREYFUS CASH MANAGEMENT

13-2603136

MBSC SECURITIES CORPORATION
144 GLENN CURTISS BLVD
UNIONDALE, NY 11556

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

BOSTON PARTNERS GLOBAL INVESTORS

98-0202744

909 THIRD AVENUE
NEW YORK, NY 10022

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

BARINGS CORE PROPERTY FUND LP

20-5578089

ONE FINANCIAL PLAZA SUITE 1700
HARTFORD, CT 06103-2604

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

ALLSPRING FUNDS MANAGEMENT

94-3382001

1415 VANTAGE PARK DRIVE 3RD FLOOR
CHARLOTTE, NC 28203

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

AMERICAN EURO PACIFIC GROWTH FUND

95-6810128

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

(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)

NWPS

160 W SANTA CLARA STREET
SUITE 1550
SAN JOSE, CA 95113

04-3721424

(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 11	NONE	330195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK NA

555 SW OAK STREET PL-6
PORTLAND, OR 97204

31-0841368

(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?
21	NONE	75888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

280 CONGRESS STREET
BOSTON, MA 02210

47-3828930

(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?
51	NONE	37013	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)

RREEF AMERICA II LP

222 SOUTH RIVERSIDE PLAZA
34TH FL
CHICAGO, IL 60606

92-1440977

(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?
28	NONE	36767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA P.C.

601 W RIVERSIDE AVE SUITE 900
SPOKANE, WA 99201-0611

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	32200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RV KUHNS & ASSOCIATES

1211 SW 5TH AVENUE
SUITE 900
PORTLAND, OR 97204

93-0910652

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	16776	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)

HEIDI HERNDON

6500 N MINERAL DRIVE SUITE 200
COEUR DALENE, ID 83815

82-0126240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	9463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLLY JOHNSON

6500 N MINERAL DRIVE SUITE 200
COEUR DALENE, ID 83815

82-0126240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	7524	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
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HECLA MINING COMPANY

D Employer Identification Number (EIN)
77-0664171

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: Q-BLK STRATEGIC PARTNERS INC

b Name of sponsor of entity listed in (a): BLACKROCK FINANCIAL MANAGMENT INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3806691-000	C	8434371

a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS LARGE CAP VALUE EQU

b Name of sponsor of entity listed in (a): ROBECO/BOSTON PARTNERS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
98-0202744-001	C	9577454

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CFT BLENDED OPP EM MKTS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-3828930-001	C	7259884

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HECLA MINING COMPANY

D Employer Identification Number (EIN)
77-0664171

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)	1002	434
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	471839	568228
(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)	7596052	9240625
(5) Partnership/joint venture interests	1c(5)	17980669	22428758
(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)	22023043	25271709
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	56300526	78803775
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	12982403	6908
(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	117355534	136320437
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	117355534	136320437

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)	960973	
(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)		960973
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2129329	
(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)		2129329
(3) Rents	2b(3)		70206
(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)	23317316	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		23317316

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		26477824
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6776083	
(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)		6776083
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)	16987	
(2) Contract administrator fees	2i(2)	330195	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32200	
(5) Investment advisory and investment management fees	2i(5)	90556	
(6) Bank or trust company trustee/custodial fees	2i(6)	75888	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	191012	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		736838
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7512921
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		18964903
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		1000000
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 585176.

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
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HECLA MINING COMPANY

D Employer Identification Number (EIN)
77-0664171

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): 41-6271370

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 26

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: 55.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 21.1 %
High-Yield Debt: 2.6 % Real Assets: 13.7 % Cash or Cash Equivalents: 0.5 % Other: 6.2 %

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_____.

Hecla Mining Company
Restated Retirement Plan

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.

Hecla Mining Company Restated Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

Hecla Mining Company Restated Retirement Plan

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

Statements of Accumulated Plan Benefits as of December 31, 2025 and 2024 10

Statements of Changes in Accumulated Plan Benefits for the Years Ended December 31, 2025 and 2024 11

Notes to Financial Statements 12-20

ERISA- Required Supplemental Schedules

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 22

Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 23

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

Tel: 408-278-0220
Fax: 408-278-0230
www.bdo.com

300 Park Avenue
Suite 900
San Jose, CA 95110

Independent Auditor's Report

The Plan Administrator
Hecla Mining Company Restated Retirement Plan and Participants
Coeur d'Alene, Idaho

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

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

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

Management has obtained 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 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- 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 supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, 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 are 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 agree 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.

October 8, 2026

Financial Statements

Hecla Mining Company Restated Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value:		
Money market fund	**$ 568,228**	$ 471,839
Mutual funds	**78,803,775**	56,300,526
Real estate funds	**18,584,608**	15,911,779
Hedge fund	**8,434,371**	7,681,041
Common/collective funds	**29,922,113**	24,006,944
Employer common stock	**6,908**	12,982,403
Total Investments, at fair value	**136,320,003**	117,354,532
Accrued Interest and Dividends Receivable	**434**	1,002
Net Assets Available for Benefits	**$ 136,320,437**	$ 117,355,534

See accompanying notes to financial statements.

Hecla Mining Company Restated Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	**2025**	2024
Additions		
Investment Income:		
Interest Income	**$ 960,973**	$ 1,125,249
Dividend Income	**2,129,329**	1,632,441
Rental Income	**70,206**	-
Net appreciation in fair value of investments	**23,317,316**	5,734,312
Net Investment Income	**26,477,824**	8,492,002
Total Additions	**26,477,824**	8,492,002
Deductions		
Benefits paid to participants and beneficiaries	**6,776,083**	6,002,225
Investment management and other plan expenses	**736,838**	672,711
Total Deductions	**7,512,921**	6,674,936
Net Increase in Net Assets Available for Benefits	**18,964,903**	1,817,066
Net Assets Available for Benefits, beginning of year	**117,355,534**	115,538,468
Net Assets Available for Benefits, end of year	**$ 136,320,437**	$ 117,355,534

See accompanying notes to financial statements.

Hecla Mining Company Restated Retirement Plan

Statements of Accumulated Plan Benefits

December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefits	**$ 53,215,887**	$ 52,181,518
Other participants	**51,449,619**	49,345,812
Total Vested Benefits	**104,665,506**	101,527,330
Non-vested benefits	**1,019,216**	1,057,203
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 105,684,722**	$ 102,584,533

See accompanying notes to financial statements.

Hecla Mining Company Restated Retirement Plan

Statements of Changes in Accumulated Plan Benefits

Years ended December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	**$ 102,584,533**	$ 98,312,934
Increase (Decrease) During the Year		
Benefits accumulated and actuarial experience	**3,425,033**	4,075,485
Benefits paid	**(6,776,083)**	(6,002,225)
Increase due to interest	**6,451,239**	6,198,339
Actuarial Present Value of Accumulated Plan Benefits, end of year	**$ 105,684,722**	$ 102,584,533

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Hecla Mining Company Restated Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a non-contributory, defined benefit pension plan covering substantially all U.S. employees of Hecla Mining Company (the Company) except for the hourly employees of the Lucky Friday Mine (who are covered by a separate collectively negotiated pension plan) that was established on January 1, 1947 and was most recently amended July 19, 2024. Effective July 19, 2024, the Plan was frozen to new entrants. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Trustee and Administration of the Plan

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

Pension Benefits

Effective January 1, 1987, employees with five or more years of service were entitled to annual benefits beginning at normal retirement age, or 65 years, equal to the sum of past and future service benefits as specified in the Plan Agreement. These sums were based on a benefit formula which includes the employee's highest 36 consecutive months of earnings during their final 120 months of service, with a minimum annual benefit of $160. The Plan permits early retirement with an actuarially reduced benefit at ages 55-64 for employees with at least ten years of service. The Plan also provides for retirement at any time after age 60 with no reduction of benefits if the employee has at least 30 years of service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity or a life annuity. If employees terminate before rendering five years of service, they forfeit their right to receive their accumulated plan benefits. The Plan requires distribution of benefits to commence on April 1 of the calendar year following the later of the calendar year in which the Participant retires or the calendar year in which such Participant attains age 70½ if born before July 1, 1949 or after attains age 72 if born after July 1, 1949 or 73 if the participant reaches 72 after December 31, 2022.

Effective April 15, 2008, the Plan was amended to add a cash balance formula to certain participants. The cash balance formula is designed to cover (i) any employee who first entered the Plan on April 16, 2008 as a result of the Greens Creek acquisition and was a participant in the previous partnership plan prior to the acquisition, and (ii) all other employees at the Greens Creek Mine who enter the Plan after April 16, 2008. The Retirement Credit Balance Benefit requires the plan to set up a hypothetical account for each eligible participant within the Plan. The Plan then allocates 6% of the participant's eligible earnings up to their Social Security Base Wage (SSBW) and 11.7% of their eligible earnings in excess of their SSBW to each participant's hypothetical accounts. The accounts are credited with interest at the Consumer Price Index (CPI) plus 0.75% on a quarterly

basis. Participants receiving this benefit vest ratably over three years of qualifying service as defined by the Plan agreement.

Effective July 1, 2013, the Plan was amended to change the pension benefit formula and other plan provisions. The amendment resulted in the following changes:

- The definition of pensionable compensation was changed to exclude one-half of any performance-based or annual incentive bonus, fringe benefits, reimbursements or other expense allowances, moving expenses, health and welfare benefits, stock awards, income realized from stock options or restricted stock, income from certain property arrangements, long term incentive awards, premium pay rates for overtime, contributions to or distributions from a nonqualified deferred compensation plan, and shift or location differentials. Under the terms of the amended plan, pensionable compensation includes an employee's base salary and other payments of compensation for services performed during the course of employment, elective deferrals not includable in the gross income of the employee under the Internal Revenue Service Code Sections 125, 132(f)(4), 402(e)(3), 402(h), 403(b) and 457, one-half of any performance-based or annual incentive bonus, one-half of any cash safety incentive award, paid time off other than for disability leave, and compensation for overtime at the employee's regular hourly rate of pay for each hour worked.
- For new employees hired after June 30, 2013, pension benefits will be calculated based on the highest average of any five consecutive years (60 months) of pensionable compensation during the final ten years of service instead of three consecutive years during the final ten years of service for employees hired before July 1, 2013.
- Prior to July 1, 2013, each participant's account was credited annually with an amount equal to 6.0% of pensionable compensation, plus an additional 5.7% of the participant's pensionable compensation in excess of the Social Security taxable wage base (the cash balance pay credit). Beginning July 1, 2013, the cash balance pay credit will consist of the 6.0% of pensionable compensation without the 5.7% additional credit.
- Access to cash balance accounts following a termination of employment prior to early or normal retirement age has been limited. Prior to the amendment, a cash balance participant could elect to receive a distribution of the vested portion of his or her account at any age following a termination of employment. This change applies only to amounts credited to a cash balance account after June 30, 2013.
- For new employees hired after June 30, 2013, the cash balance pay credit will be earned based on years of plan participation: 3% for one through five years; 4.5% for six through ten years; 6% after ten years.

ERISA regulations allow lump sum distributions of pension benefits to inactive vested participants with accumulated present value of benefits below a specified limit as established by ERISA.

Death and Disability Benefits

The Plan will provide benefits to a surviving spouse if death occurs before retirement and after five years of service, computed on the basis of the retirement benefits earned up to the date of death of the employee. Active employees with over ten years of service who become totally disabled will receive benefits equal to the normal retirement benefits that have been earned up to the date of disability.

Funding Policy

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market and credit risks. Plan contributions and the actuarial present value of accumulated plan benefits are determined based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the level of risk associated with the uncertainty related to changes in the value of investment securities and uncertainties inherent in the estimation and assumption process for accumulated Plan benefits, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements. At December 31, 2025 and 2024, the Plan held two and three investments, respectively, totaling 27% and 34% of total investments, respectively.

Administrative Expenses

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

3. Actuarial Present Value of Accumulated Plan Benefits

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

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

The significant actuarial assumptions used in the valuations are as follows:

December 31,	**2025**	2024
Interest, per year	**6.50%**	6.50%
Mortality	IRS 2024+ Generational Mortality Table	IRS 2024 Generational Mortality Table
Average retirement date	65-69	65-69

The foregoing actuarial assumptions are used on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024 there would have been no material differences.

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

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

- Investments in money market funds in the amount of $568,228 and $471,839, respectively, mutual funds in the amount of $78,803,775 and $56,300,526, respectively, and employer common stocks in the amount of $6,908 and $12,982,403, respectively, as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024.
- Total interest income of $31,803 and $10,024, respectively, dividend income of $2,129,329 and $1,632,441, respectively, and net appreciation in fair value of investments related to money market funds, mutual funds, and employer common stocks as shown in the statements changes in net assets available for benefits for the year ended December 31, 2025 and 2024 in the amount of $16,901,361 and $3,383,292, respectively.
- All information related to money market funds, mutual funds, and employer common stock included in the Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2025, as shown in the ERISA-required supplemental schedule.
- All information included in the Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, as shown in the ERISA-required supplemental schedule.

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

5. Related Party and Party-in-Interest Transactions

Hecla Mining Company common stock is a Plan investment. As Hecla Mining Company is the Plan Sponsor, these transactions qualify as party-in-interest transactions. At December 31, 2025 and 2024, the Plan held shares of the Company's stock valued at $6,908 and $12,982,403, respectively. There was no common stock contributed by the Company during 2025. There was no common stock contributed by the Company during 2025 or 2024. During the year ended December 31, 2025, the Plan sold 2,643,714 shares of common stock for $20,144,007, for a realized gain of $6,478,562, and dividends of $19,496 and $103,963 were paid to the Plan. During the years ended During the year ended December 31, 2025, the Plan sold Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

The Trustee and Actuary are parties in interest, as defined by ERISA. The Plan paid certain expenses to U.S. Bank amounting to $75,888 and $75,552, respectively, and to NWPS amounting to $330,195 and $270,431, respectively, for the years ended December 31, 2025 and 2024, related to Plan operations. Such transactions are exempt from the prohibition of party-in-interest transactions under ERISA.

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 25, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirement of the IRC. Therefore, no provision for income taxes is reflected in the accompanying statements of changes in net assets available for benefits.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

While the Company has not expressed any intent to terminate the Plan, it is free to do so at any time, subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b) Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).

c) All other vested benefits (that is, vested benefits not insured by the PBGC).

d) All non-vested benefits.

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

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

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

8. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2025 or 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

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

Employer Common Stock – This asset is valued at the closing price reported on the active market on which the securities are traded on the last business day of the Plan year.

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

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

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

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

The preceding 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.

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

December 31, 2025

	Level 1	Level 2	Level 3	Total
Investments, in the fair value hierarchy				
Mutual funds	**$ 78,803,775**	**$ -**	**$ -**	**$ 78,803,775**
Employer common stock	**6,908**	**-**	**-**	**6,908**
Money market fund	**568,228**	**-**	**-**	**568,228**
Total Investments, in the fair value hierarchy	**$ 79,378,911**	**$ -**	**$ -**	**79,378,911**
Investments, measured at NAV*				
Real estate funds				**18,584,608**
Hedge fund				**8,434,371**
Common/collective funds				**29,922,113**
Total Investments, measured at NAV				**56,941,092**
Total Investments, at fair value				**$136,320,003**

December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments, in the fair value hierarchy				
Mutual funds	$ 56,300,526	$ -	$ -	$ 56,300,526
Employer common stock	12,982,403	-	-	12,982,403
Money market fund	471,839	-	-	471,839
Total Investments, in the fair value hierarchy	$ 69,754,768	$ -	$ -	69,754,768
Investments, measured at NAV*				
Real estate funds				15,911,779
Hedge fund				7,681,041
Common/collective funds				24,006,944
Total Investments, measured at NAV				47,599,764
Total Investments, at fair value				$ 117,354,532

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

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

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

9. Subsequent Events

The company has evaluated subsequent events through October 8, 2026 which is the date these financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Hecla Mining Company Restated Retirement Plan

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

EIN: 77-0664171 **Plan: 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
	Money Market Fund				
		Dreyfus	Govt Cash Management Fund	$ 568,228	$ 568,228
	Real Estate Funds				
		Barings Core Property Fund	Open Ended Private Equity Fund	9,639,430	9,343,983
		RREEF America II REIT	Closed Private Equity Fund	8,644,658	9,240,625
	Total Real Estate Funds			18,284,088	18,584,608
	Hedge Fund				
		Q-Block Strat. Partners	Unrestricted 2022 Ser 1	7,681,041	8,434,371
	Common/Collective Trusts				
		Pinnacle Equity Fund LP	Equity Fund	7,227,368	13,084,775
		Wellington Trust Company	CFT Blended Opportunistic	8,136,162	7,259,884
		Boston Partners	Large Cap Value Eq Fd Cl B	3,600,072	9,577,454
	Total Common/Collective Trusts			18,963,602	29,922,113
	Mutual Funds				
		Allspring	Core Bond Fund	9,221,082	8,344,615
		Vanguard	Growth Index	4,575,479	9,031,040
		Vanguard	Total International	13,494,836	18,527,957
		Vanguard	Total Bond Market Index	8,977,181	8,274,477
		Vanguard	Total Stock Market Index	5,084,535	7,650,766
		American Funds	Euro Pacific Growth	16,937,677	18,511,757
		PIMCO Funds	Total Return Fund	9,481,554	8,463,163
	Total Mutual Funds			67,772,344	78,803,775
	Employer Common Stock				
*		Hecla Mining Company	Common Stock	1,861	6,908
	Total			$ 113,271,164	$ 136,320,003

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

Hecla Mining Company Restated Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 77-0664171 **Plan: 001**

Year ended December 31, 2025

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) - Single Transactions									
	Dreyfus	Money Market Fund	$ 6,747,222	$ -	$ -	$ -	$ 6,747,222	$ 6,747,222	$ -
	Dreyfus	Money Market Fund	20,144,006	-	-	-	20,144,006	20,144,006	-
	Dreyfus	Money Market Fund	-	20,144,006	-	-	20,144,006	20,144,006	-
	Dreyfus	Money Market Fund	-	17,250,000	-	-	17,250,000	17,250,000	-
*	Hecla Mining Company	Employer Stock	-	6,747,222	-	-	4,609,346	6,747,222	2,137,876
Category (iii) - a Series of Transactions									
	Dreyfus	Money Market Fund	$71,163,578	$ -	$ -	$ -	$71,163,578	$71,163,578	$ -
	Dreyfus	Money Market Fund	-	71,067,193	-	-	71,067,193	71,067,193	-
*	Hecla Mining Company	Employer Stock	-	20,144,007	-	52,874	13,665,445	20,144,007	6,478,562
	Q-Block Strategic Partners	Hedge Fund	7,681,041	-	-	-	7,681,041	7,681,041	-
	Q-Block Strategic partners	Hedge Fund	-	7,681,041	-	-	6,315,862	7,681,041	1,365,179

There were no category (ii) or (iv) reportable transactions.
***** Represents party-in-interest as defined by ERISA.

2025 Form 5500 Schedule SB: Line 26a
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Schedule of Active Participant Data (as of January 1, 2025)

	Benefit Service										
Age	<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	8	8	0	0	0	0	0	0	0	0	16
25 to 29	11	36	1	1	0	0	0	0	0	0	49
30 to 34	9	43	15	2	1	0	0	0	0	0	70
35 to 39	11	36	20	8	4	0	0	0	0	0	79
40 to 44	7	32	13	16	8	2	0	0	0	0	78
45 to 49	7	37	19	6	8	5	0	0	0	0	82
50 to 54	7	25	11	8	8	1	4	1	0	0	65
55 to 59	3	17	8	10	13	2	3	4	0	0	60
60 to 64	2	6	10	9	8	1	4	4	0	1	45
65 to 69	0	3	2	4	5	2	0	0	0	0	16
70 & up	0	0	0	2	0	0	0	0	0	0	2
Total	65	243	99	66	55	13	11	9	0	1	562

2025 Form 5500 Schedule SB: Part V
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Actuarial Method and Assumptions

Actuarial Cost Method: Unit Credit Method

Actuarial Assumptions:

Interest Discount Rate:

Liability Measured	1/1/2025 Rates	1/1/2024 Rates
Minimum Funding	5.07%, 5.31%, 5.50%	4.75%, 4.87%, 5.59%
Minimum Funding Effective Rate	5.36%	5.11%
Maximum Deductible Contribution	5.07%, 5.33%, 5.36%	3.62%, 4.46%, 4.52%

The *Minimum Funding* interest rates are prescribed under the Pension Protection Act of 2006 (PPA) and are adjusted under the American Rescue Plan Act of 2021 (ARPA).

The *Minimum Funding* Effective Rate is the single effective rate that produces the same liability as the required three segment rates used for funding purposes.

The *Maximum Deductible Contribution* rates are prescribed under the Pension Protection Act of 2006 (PPA) and are unadjusted under ARPA.

Investment Return: 6.50% long term rate used for Actuarial Value of Assets calculation for plan year ending December 31, 2024 (capped at the 3rd segment rate, if less). 4.75% (1st segment rate from prior year valuation) used for investment gain/loss.

Cash Balance Interest Crediting Rate: 1.50% per quarter prior to retirement.

Salary Scale: Greater of 3.00% per annum applied to the prior-year compensation or the January 1 salary rate provided by Hecla.

Operational Expense: $1,000,000 payable on the first day of the year.

2025 Form 5500 Schedule SB: Part V
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Actuarial Method and Assumptions (continued)

Social Security Wage Base: 3.00% per annum.

Mortality: 2024+ IRS Generational Mortality Table

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

Turnover: Sample Rates are as follows:

Age	Probability of terminating employment within one year	
	Hecla Employees	Greens Creek Employees
20	18.0%	18.0%
25	18.0	18.0
30	14.0	12.0
35	10.0	12.0
40	7.0	9.0
45	5.0	9.0
50	4.0	9.0
55	2.0	7.0
56 & over	0.0	0.0

2025 Form 5500 Schedule SB: Part V
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Actuarial Method and Assumptions (continued)

Retirement Age: Rates are as follows:

Age	Rate	Age	Rate
55	7.5%	65	20.0%
56	8.0	66	20.0
57	9.0	67	20.0
58	10.0	68	20.0
59	12.5	69	20.0
60	13.5	70	100.0
61	15.0		
62	40.0		
63	40.0		
64	20.0		

Final Average Salary vested inactive participants are assumed to retire at age 65.
Cash Balance vested inactive participants are assumed to retire at age 55.

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

Form of Payment: Final Average Salary Formula: All active married participants are assumed to elect a 50% Joint & Survivor benefit. All active single participants are assumed to elect a Single Life Annuity.

Cash Balance Formula: All active participants originally hired before July 1, 2013 are assumed to take their pre-July 1, 2013 cash balance account as an immediate lump sum, and the post-July 1, 2013 cash balance account as a lump sum payable at age 55. All active participants originally hired on or after July 1, 2013 are assumed to take their cash balance account as a lump sum payable at age 55.

2025 Form 5500 Schedule SB: Part V
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Actuarial Method and Assumptions (continued)

Vested Inactive Participants: Final Average Salary Formula participants are assumed to take a Single Life Annuity at age 65. Cash Balance participants are assumed to take a lump sum of their cash balance account at age 55.

Asset Valuation: Under the smoothing approach provided by PPA as amended by the Worker, Retiree and Employer Recovery Act of 2008, asset returns are smoothed over a two year period. The resulting value may not be less than 90% nor more than 110% of market value.

Funding Relief: Hecla elected to apply the funding shortfall relief beginning with the January 1, 2019 plan year as well as the segment rate relief beginning with the January 1, 2020 plan year as permissible under the American Rescue Plan Act of 2021.

Changes Since Prior Valuation: The interest discount rates were updated.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
HECLA MINING COMPANY RESTATED RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1947

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)

HECLA MINING COMPANY

6500 N MINERAL DRIVE SUITE 200

COEUR DALENE ID 83815

2b Employer Identification Number (EIN) 77-0664171

2c Plan Sponsor's telephone number 208-769-4100

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	Kari Moyes	10/12/2026	Kari Moyes
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Hecla Mining Company Restated Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 77-0664171 **Plan: 001**

Year ended December 31, 2025

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Category (i) - Single Transactions									
	Dreyfus	Money Market Fund	$ 6,747,222	$ -	$ -	$ -	$ 6,747,222	$ 6,747,222	$ -
	Dreyfus	Money Market Fund	20,144,006	-	-	-	20,144,006	20,144,006	-
	Dreyfus	Money Market Fund	-	20,144,006	-	-	20,144,006	20,144,006	-
	Dreyfus	Money Market Fund	-	17,250,000	-	-	17,250,000	17,250,000	-
*	Hecla Mining Company	Employer Stock	-	6,747,222	-	-	4,609,346	6,747,222	2,137,876
Category (iii) - a Series of Transactions									
	Dreyfus	Money Market Fund	$71,163,578	$ -	$ -	$ -	$71,163,578	$71,163,578	$ -
	Dreyfus	Money Market Fund	-	71,067,193	-	-	71,067,193	71,067,193	-
*	Hecla Mining Company	Employer Stock	-	20,144,007	-	52,874	13,665,445	20,144,007	6,478,562
	Q-Block Strategic Partners	Hedge Fund	7,681,041	-	-	-	7,681,041	7,681,041	-
	Q-Block Strategic partners	Hedge Fund	-	7,681,041	-	-	6,315,862	7,681,041	1,365,179

There were no category (ii) or (iv) reportable transactions.
***** Represents party-in-interest as defined by ERISA.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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: HECLA MINING COMPANY RESTATED RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: HECLA MINING COMPANY

D Employer Identification Number (EIN): 77-0664171

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	117,355,534
b Actuarial value	2b	116,743,756

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	575	57,081,099	57,081,099
b For terminated vested participants	677	23,183,891	23,184,697
c For active participants	562	33,105,399	34,287,648
d Total	1,814	113,370,389	114,553,444

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	5.36%
6 Target normal cost		
a Present value of current plan year accruals	6a	3,613,038
b Expected plan-related expenses	6b	1,000,000
c Target normal cost	6c	4,613,038

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 Nancy Teague Lee — Signature of actuary

10/6/2026 — Date

NANCY TEAGUE LEE — Type or print name of actuary

2607500 — Most recent enrollment number

NWPS — Firm name

206-713-3801 — Telephone number (including area code)

160 W SANTA CLARA STREET STE 1550

SAN JOSE CA 95113 — 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 [ ]

2025 Form 5500 Schedule SB: Line 22
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Description of Weighted Average Retirement Age

(1) Age	(2) l(x)	(3) q(ret)(x)	(4) l(x) * q(ret)(x)	(5) = (1) * (4) / 1 (55)
55	1,000,000	0.075	75,000	4.12500
56	925,000	0.08	74,000	4.14400
57	851,000	0.09	76,590	4.36563
58	774,410	0.1	77,441	4.49158
59	696,969	0.125	87,121	5.14015
60	609,848	0.135	82,329	4.93977
61	527,519	0.15	79,128	4.82680
62	448,391	0.4	179,356	11.12010
63	269,035	0.4	107,614	6.77968
64	161,421	0.2	32,284	2.06619
65	129,137	0.2	25,827	1.67878
66	103,310	0.2	20,662	1.36369
67	82,648	0.2	16,530	1.10748
68	66,118	0.2	13,224	0.89920
69	52,894	0.2	10,579	0.72994
70	42,315	1	42,315	2.96205
		Weighted Average Retirement Age		60.740

2025 Form 5500 Schedule SB: Part V
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Summary of Plan Provisions

Plan Type: Qualified defined benefit plan.

Plan Effective Date: January 1, 1947

Plan Year: January 1 - December 31

Latest Amendment Date: July 19, 2024

Normal Retirement Age: Age 65 with one year of service.

Eligibility: All employees of the Hecla Mining Company and its subsidiaries, except those whose employment is subject to collective bargaining, or receiving current credits under another non-government retirement plan for which Hecla is currently contributing.

Participation: Eligible employees enter the plan on the first day of the month coincident with or next following the completion of the first 12-month period in which they work 1,000 hours. Employees at Greens Creek who were employed by Rio Tinto America on April 15, 2008 and were employed by Hecla on April 16, 2008 entered the plan on the later of (i) April 16, 2008, or (ii) the date they would have entered the plan had they been hired originally by Hecla. Eligible employees hired at Greens Creek after July 1, 2013, enter the plan the first of the calendar quarter following completion of the first 12-month period in which they work 1,000 hours.

Credited Service: For employees hired before July 1, 2013, credited service is the total elapsed period of employment. For employees hired after June 30, 2013, credited service is the total elapsed period of employment beginning as of their Participation Date.

Vesting Service: A year of vesting service is earned for each plan year in which an employee works 1,000 hours. Employees for whom hours records are not kept are credited with 95 hours for each semi-monthly pay period in which they work at least one hour.

Benefits: The plan has two primary benefit formulas: a cash balance formula and a traditional formula. Each participant is eligible for only one of the two benefit formulas. Eligibility and benefit provisions for each of these are described below. There are certain additional benefits that only apply to smaller sub-groups of employees.

Cash Balance Benefit Formula

Eligibility: (i) Any employee who first entered the plan on April 16, 2008 as a result of the Greens Creek acquisition, and who was a participant in the Rio Tinto Investment Partnership Plan prior to the acquisition. (ii) Any other employee at Greens Creek who first enters the plan after April 16, 2008.

Plan Compensation: Prior to July 1, 2013, all compensation paid or payable for personal services, plus qualified deferrals. Effective July 1, 2013, plan compensation excludes long term incentive awards, premium pay rates for overtime, and one-half of any performance-based or annual incentive bonus.

Summary of Plan Provisions (continued)

Contribution Credits: For employees hired before July 1, 2013, credits begin at the later of hire or April 16, 2008 and the cash balance account is credited with 6% of plan compensation earned in each quarter. For employees hired on or after July 1, 2013, credits begin on the first of the calendar quarter following satisfaction of the participation requirements. The cash balance account is credited as follows: 3.0% of pay for the first 5 years of credited service, 4.5% of pay for 5 to 10 years of credited service and 6.0% of pay thereafter.

Interest Credits: As of the end of each quarter, the cash balance account is credited with interest on the balance in the account as of the end of the previous quarter. The interest credited is the percentage change in the CPI-U index for the last month in the two quarters plus 0.75%, but not less than 0.

Vesting: The cash balance account is one-third vested for each full year of service with full vesting after three service years.

Forms of Benefit: The normal form of benefit payment for an unmarried participant is a single life annuity that is actuarially equivalent to the vested account balance on the basis of mortality and interest factors under IRC Section 417(e). The normal form for a married participant is a joint and 50% survivor annuity that is actuarially equivalent, on the basis of UP84 and 7%, to the benefit that would be payable to an unmarried participant. The participant may instead elect to have the vested account balance paid as a lump sum at termination of employment for any reason. Optional annuity forms include single life annuity and joint and survivor annuities with and without pop-up provisions, all actuarially equivalent to the normal form on the basis of UP84 and 7%. Effective July 1, 2013, only the portion of the vested account balance earned as of June 30, 2013 may be paid as an immediate lump sum. The portion of the cash balance accrued after June 30, 2013 is payable as a lump sum once the participant becomes retirement eligible.

Traditional Final Average Salary Benefit Formula

Eligibility: All eligible employees other than those participating in the Cash Balance benefit formula.

Plan Compensation: Prior to July 1, 2013, all compensation paid or payable for personal services, plus qualified deferrals. Effective July 1, 2013, plan compensation excludes long term incentive awards, premium pay rates for overtime, and one-half of any performance-based or annual incentive bonus.

Normal Retirement Benefit: Sum of (i) and (ii) multiplied by the number of years of Credited Service, but not less than (iii).

(i) 1.00% of participant's Average Compensation.
(ii) 0.75% of participant's Excess Compensation.
(iii) $160.

Average Compensation: For employees hired before July 1, 2013, three consecutive years selected from the last ten years which produce the highest average Plan Compensation, but not less than the average as of June 30, 2013. For employees hired on or after July 1, 2013, five consecutive years selected from the last ten years which produce the highest average Plan compensation.

Summary of Plan Provisions (continued)

Excess Compensation: The amount by which Participant's Average Compensation exceeds Covered Compensation for the plan year.

Covered Compensation: Thirty-five year average of the Social Security Taxable Wage Base prior to participant's Social Security Retirement Age.

Vesting: 100% vested after 5 years of vesting service.

Forms of Benefit: The normal form of benefit payment for an unmarried participant is a single life annuity equal to the normal retirement benefit. The normal form for a married participant is a joint and 50% survivor annuity that is actuarially equivalent, on the basis of UP84 and 7%, to the benefit that would be payable to an unmarried participant. Optional annuity forms include single life annuity and joint and survivor annuities with and without pop-up provisions, all actuarially equivalent to the normal form on the basis of UP84 and 7%.

Early Retirement Eligibility: Age 55 with 10 years of service.

Early Retirement Benefit: For participants with less than 30 years of service or under age 60 at commencement of benefits, the Normal Retirement Benefit is reduced 1/2% for each month before Normal Retirement. For participants who have 30 or more years of service, and are age 60 or over at commencement, the benefit is unreduced.

Disability Retirement: 10 years of service, totally and permanently disabled while under employment.

Disability Retirement Benefit: Normal Retirement Benefit payable as a life annuity or until disability ceases.

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

Pre-Retirement Death Benefit: Active employees: 100% of Normal Retirement Benefit payable as a life annuity to the spouse. Inactive vested employees: The amount the spouse would have received had the participant survived to early retirement age and died on the following day having elected the 100% joint and survivor annuity.

Post-Retirement Death Benefit: If the annuity start date was prior to July 1, 1986, the lesser of $75.00 or the participant's monthly benefit, payable to the surviving spouse for 36 months.

Medicare Supplement: For participants retired prior to October 1, 1982, a benefit of $33.00 per quarter with the purchase of Medicare Part B coverage, plus $48.00 per quarter with the purchase of a supplement to Medicare.

Summary of Plan Provisions (continued)

Greens Creek Supplemental Benefits

Eligibility: All participants who (i) entered the plan on April 16, 2008 as a result of the Greens Creek acquisition, and (ii) had an accrued benefit at that time in the Rio Tinto America Retirement Plan (RTARP).

Benefit: The excess of (a) over (b):

(a) The benefit the participant would have earned in the RTARP based on (i) credited service for the period from January 1, 2003 through April 15, 2008, and (ii) actual pay through termination of employment from Hecla,

(b) The participant's actual accrued benefit in the RTARP.

QSERP Benefits

Eligibility: Specific participants named in the plan.

Benefit: Additional accrued benefits in the traditional benefit formula.

Changes Since Prior Valuation: Effective July 19, 2024, the Plan was frozen to new entrants and rehires.

Hecla Mining Company Restated Retirement Plan

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

EIN: 77-0664171 **Plan: 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
	Money Market Fund				
		Dreyfus	Govt Cash Management Fund	$ 568,228	$ 568,228
	Real Estate Funds				
		Barings Core Property Fund	Open Ended Private Equity Fund	9,639,430	9,343,983
		RREEF America II REIT	Closed Private Equity Fund	8,644,658	9,240,625
	Total Real Estate Funds			18,284,088	18,584,608
	Hedge Fund				
		Q-Block Strat. Partners	Unrestricted 2022 Ser 1	7,681,041	8,434,371
	Common/Collective Trusts				
		Pinnacle Equity Fund LP	Equity Fund	7,227,368	13,084,775
		Wellington Trust Company	CFT Blended Opportunistic	8,136,162	7,259,884
		Boston Partners	Large Cap Value Eq Fd Cl B	3,600,072	9,577,454
	Total Common/Collective Trusts			18,963,602	29,922,113
	Mutual Funds				
		Allspring	Core Bond Fund	9,221,082	8,344,615
		Vanguard	Growth Index	4,575,479	9,031,040
		Vanguard	Total International	13,494,836	18,527,957
		Vanguard	Total Bond Market Index	8,977,181	8,274,477
		Vanguard	Total Stock Market Index	5,084,535	7,650,766
		American Funds	Euro Pacific Growth	16,937,677	18,511,757
		PIMCO Funds	Total Return Fund	9,481,554	8,463,163
	Total Mutual Funds			67,772,344	78,803,775
	Employer Common Stock				
*		Hecla Mining Company	Common Stock	1,861	6,908
	Total			$ 113,271,164	$ 136,320,003

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

2025 Form 5500 Schedule SB: Line 32
Plan Name: Hecla Mining Company Restated Retirement Plan
Employer ID Number: 77-0664171
Plan Number: 001

Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall Amortization	$6,452,053	1/1/2024	14	$630,064
Shortfall Amortization	$5,228,116	1/1/2025	15	$487,472
Net Shortfall Amortization	**$11,680,169**			**$1,117,536**