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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

1b Three-digit plan number (PN) ▶ 506

1c Effective date of plan 01/01/2003

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

8770 W. BRYN MAWR, SUITE 100
CHICAGO, IL 60631

2b Employer Identification Number (EIN)
94-1715128

2c Plan Sponsor's telephone number
847-437-5800

2d Business code (see instructions)
333100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	MATTHEW STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1288
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)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	1360
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1360
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
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**	
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:

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

4A 4B 4E 4L 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
KOMATSU AMERICA CORP.

D Employer Identification Number (EIN)
94-1715128

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

1 Coverage Information:

(a) Name of insurance carrier
EYE MED

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10186511003	26	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	2068
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
KOMATSU AMERICA CORP.

D Employer Identification Number (EIN)
94-1715128

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

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	52044	1360	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
24799	238

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

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

WILLIS TOWERS WATSON US, LLC
PO BOX 28852
NEW YORK, NY 10087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24799			3

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

IMG
2960 N MERIDIAN ST
INDIANAPOLIS, IN 46208

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	238	THIRD PARTY ADMINISTRATION FEES	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1526554
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
KOMATSU AMERICA CORP.

D Employer Identification Number (EIN)
94-1715128

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

PRUDENTIAL INS COMPANY OF AMERICA

22-1211670

(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 14	THIRD PARTY ADMINISTRATOR	86108	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

B Three-digit plan number (PN) ▶ 506

C Plan sponsor's name as shown on line 2a of Form 5500
KOMATSU AMERICA CORP.

D Employer Identification Number (EIN)
94-1715128

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)	347578	342044
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1977282	1687459
(2) U.S. Government securities	1c(2)	18340306	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	295885	0
(B) All other	1c(3)(B)	10419112	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43957155	78333389
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	75337318	80362892
Liabilities			
1g Benefit claims payable	1g	3724	77799
1h Operating payables	1h	2833750	2282941
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2837474	2360740
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	72499844	78002152

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)	1143696	
(B) Participants	2a(1)(B)	453455	
(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)		1597151
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-130	
(B) U.S. Government securities	2b(1)(B)	553004	
(C) Corporate debt instruments	2b(1)(C)	436652	
(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)		989526
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1626958	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1626958
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	59524343	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	58611294	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		913049
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	85615	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		85615

		(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)		4157261
c Other income	2c		16000
d Total income. Add all **income** amounts in column (b) and enter total	2d		9385560
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	382519	
(2) To insurance carriers for the provision of benefits	2e(2)	1898250	
(3) Other	2e(3)	1038969	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3319738
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	291634	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57056	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	70006	
(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)	144818	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		563514
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3883252
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5502308
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		10000000
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		X	

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

Komatsu America Corp. Retiree Medical Welfare Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

Komatsu America Retiree Medical Welfare Plan

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December 31, 2025 and 2024

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Independent Auditors' Report

To the Pension and Investment Committee of
Komatsu America Corp. Retiree Medical Welfare Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Komatsu America Corp. Retiree Medical Welfare Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Komatsu America Corp. Retiree Medical Welfare Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Komatsu America Corp. Retiree Medical Welfare Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Chicago, Illinois
October 15, 2026

Komatsu America Corp. Retiree Medical Welfare Plan

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

	2025	2024
Assets		
Investments at fair value	$ 80,020,848	$ 74,989,741
Receivables:		
Participant contributions	7,806	11,224
Due from claims administrator	11,054	16,330
Accrued interest and dividends	34,692	211,841
Unrelated business income taxes receivable	288,492	108,183
Total receivables	342,044	347,578
Total assets	80,362,892	75,337,319
Liabilities		
Due to plan sponsor	2,161,479	2,685,403
Due to broker for unsettled trades	16,610	-
Administration fees payable	104,852	148,347
Total liabilities	2,282,941	2,833,750
Net assets available for benefits	$ 78,079,951	$ 72,503,569

See notes to financial statements

Komatsu America Corp. Retiree Medical Welfare Plan

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

Additions	
Investment income:	
Net appreciation in fair value of investments	5,082,319
Interest and dividends	2,706,090
Net investment income	7,788,409
Contributions:	
Company contributions	1,143,696
Retiree contributions	453,455
Total contributions	1,597,151
Total additions	9,385,560
Deductions	
Claims expense	308,444
Premium expense	1,898,250
RMSA and HRA benefits	1,038,969
ASO fees	8,951
Unrelated business income tax	179,821
Administrative expenses	374,743
Total deductions	3,809,178
Net increase	5,576,382
Net Assets Available for Benefits	
Beginning of year	72,503,569
End of year	$ 78,079,951

See notes to financial statements

1. Description of the Plan

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

General

The Plan was established January 1, 2003 and is a defined benefit health plan that is sponsored by Komatsu America Corp. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Administration

The Plan is administered by the Komatsu America Corp. Employee Benefits Committee (Committee). Plan assets are held in a voluntary employees' beneficiary association (VEBA) trust. Under the VEBA trust agreement, The Northern Trust Company (Trustee) is the trustee of the Plan and the VEBA trust.

Benefits

The Plan provides post-retirement benefits to retirees for medical, vision coverage, life insurance, and prescription drugs to employer groups note in the Eligibility for Post-Retirement Benefits section below. Eligible employees of the Company are entitled to personal and dependent coverage upon their retirement date and meeting the eligibility requirements.

An additional benefit provided under the Plan is the Retiree Medical Spending Account (RMSA). The RMSA is offered to active employees to help them pay for future healthcare costs during retirement. Once an active employee reaches age 45 with one year of service, the Company automatically establishes an individual account for that employee within the RMSA and begins crediting monthly notional contributions to the account, plus a fixed annual interest rate of 7 percent while the person is actively employed. The RMSA is not funded until participants begin using their accounts after retirement. Upon an employee's retirement, the Company ceases its notional contributions and the RMSA is available for the participant to use to offset his or her premiums for the post-retirement healthcare coverage of their choice, whether it is provided under the Plan or an outside plan. As participants use their RMSA balances for post-retirement healthcare premiums, the Company funds the Plan for the premiums until a participant's account is depleted.

Upon an unmarried participant attaining age 65, the remaining RMSA account balance is converted into a Health Reimbursement Account (HRA). If the participant is married, the remaining RMSA account balance is split evenly between the participant and the participant's spouse upon the first to attain age 65 and the applicable RMSA balance for the over age 65 participant or spouse is converted to an HRA. The RMSA balance for the under 65 participant or spouse will continue to be utilized as normal until such person attains age 65. At that time, the remaining RMSA balance is converted to an HRA.

If a participant utilizing their RMSA dies before age 65, the remaining value of the participant's RMSA may be used to pay medical premiums for the participant's spouse or enrolled dependent children until the RMSA balance is depleted. HRAs may only be used to pay healthcare premiums for the participant or spouse and have no survivor benefits upon the death of the participant or spouse at which time any remaining balance in the HRA is forfeited. The annual reimbursement from the HRA is capped at $5,000 per individual annually.

Eligibility for Post-Retirement Benefits

Participants are eligible to participate in the Plan if any of the following are met:

- Participant is a non-union retiree who is age 55 with 10 or more years of continuous service, and enrolled in the Komatsu America Corp medical plan as an active employee on the last day worked.
- Participant was a member of the Local Lodge 158 of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers in Peoria, Illinois, age 55 with 10 or more years of service, and enrolled in the Komatsu America Corp medical plan as an active employee on the last day worked, or retired with a disability pension.
- Participant was a member of the Local 1151 International Association of Machinists and Aerospace Workers in Galion, Ohio, and retired after age 62 with 10 or more years of service, or retired with a disability pension.

Contributions

The costs of the post-retirement benefits provided under the Plan are shared by the Company and the covered participants. The Company evaluates the costs of the Plan based on projected Plan expenses and determines the amount to be contributed by the Company and the amount to be contributed by the covered participants. The Company contributes to the Plan by funding the VEBA with an amount that is determined each year by the Company and meets the minimum funding requirements. The Company also makes additional contributions by funding certain benefits and Plan expenses from its general assets.

In addition to their deductibles and copayments, participants share in the costs of the Plan by contributing monthly premiums to the Plan that have been set at rates based on their respective coverage elections under the Plan. Participants who were employed with the Company prior to January 1, 2003 and met the retirement requirements of attaining the age of 55 with 10 or more consecutive years of service, were given the option of electing the RMSA or the Grandfathered Program for paying their contributions to the Plan. Participants employed or meeting the retirement requirements after January 1, 2003 are only offered the RMSA.

RMSA participants who have chosen coverage under the Plan will automatically have their contribution payments remitted to the Plan from their RMSA account or HRA if over age 65 or the participant may directly remit their contribution to the Plan and be reimbursed from the RMSA or HRA if over age 65. If the RMSA is depleted prior to being converted to an HRA upon attainment of age 65, the participant is responsible for remitting the payments.

Participants who elected the Grandfathered Program have a portion of their premium paid by the Company. The remaining portion of the premium is paid by the participant. The monthly contribution towards the medical premium will be adjusted each year as actual cost of coverage increases.

Termination of Plan

Although it has not expressed any intention of terminating the Plan, the Company has the right under the Plan to modify the benefits provided to, and contributions required of participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, distribution of the Plan assets shall be made to the participants according to the provisions for such distribution in the Plan document.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the benefit obligations, including claims incurred but not reported and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Investment Income

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

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

Administrative Expenses

The Plan pays administrative expenses related to claims administration, investment management and professional services, including trustee, actuary, and audit fees. These expenses are reflected in the statement of changes in net assets available for benefits. All other administrative expenses are paid by the Company on behalf of the Plan and not reflected within the financial statements.

Payment of Benefits

Benefits are recorded when paid.

3. Information Certified by the Plan's Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, the Trustee has certified to the completeness and accuracy of all investments and accrued interest and dividends reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, the supplemental schedule Form 5500, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2025. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

4. Fair Value 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 market prices for identical assets 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; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Short-term investment fund is valued at the net asset value (NAV), which is a constant $1 per unit.

U.S. Government securities are valued at the closing price reported in the active market in which the security is traded.

Corporate debt instruments are valued at the closing price reported in the private market in which the security is traded or valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds and exchange traded funds are valued at the NAV of shares held by the Plan at year-end, which is obtained from an active market.

The tables below present the balances of investments measured at fair value on a recurring basis by level within the hierarchy as of December 31, 2025 and 2024:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investment fund	$ 1,687,459	$ -	$ -	$ 1,687,459
Mutual funds & exchange traded funds	78,333,389	-	-	78,333,389
	$ 80,020,848	$ -	$ -	$ 80,020,848

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Short-term investment fund	$ 1,977,282	$ -	$ -	$ 1,977,282
U.S. Government securities	18,340,306	-	-	18,340,306
Corporate debt instruments	-	10,714,998	-	10,714,998
Mutual funds & exchange traded funds	43,957,155	-	-	43,957,155
	$ 64,274,743	$ 10,714,998	$ -	$ 74,989,741

5. Benefit Obligations

Benefit obligations include premiums due, claims incurred but not reported and post-retirement benefit obligations. Claims incurred but not reported are estimated at the end of the year by the Company based on claim lag reports received from the Plan's third-party administrator. The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to the December 31 valuation date, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Post-retirement benefits include future benefits expected to be paid to or for active employees and currently retired employees and their beneficiaries and dependents. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement obligation that is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an independent actuary. It is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant; to adjust each estimate for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment; and to reflect the portion of these costs expected to be borne by Medicare, the retired participants and other providers.

Significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024, are as follows:

Discount rate	5.65% for 2025 and 5.61% for 2024
Mortality	2025: Pri-2012 collar adjusted tables (White Collar for non-union and Blue Collar for union) and separate for employee and annuitants, with projected improvement based on the SOA MP-2021 table projected from 2012 with 2025 Proxy SSA rates for long-term improvement. 2024: Pri-2012 collar adjusted tables (White Collar for non-union and Blue Collar for union) and separate for employee and annuitants, with projected improvement based on the SOA MP-2021 table projected from 2012 with 2024 Proxy SSA rates for long-term improvement.

Retirement age

2025 (Union):

Age	Rate
55-59	5.0%
60-61	10.0%
62-64	20.0%
65	50.0%
66-67	40.0%
68-69	50.0%
70	100.0%

2025 (Non-Union):

Age	Rate
55-61	5.0%
62	10.0%
63	15.0%
64-65	20.0%
66	25.0%
67	35.0%
68-69	30.0%
70	100.0%

2024 (Union and Non-Union):

Age	Rate
55	5.0%
56-59	2.5%
60	5.0%
61	10.0%
62-63	20.0%
64-65	40.0%
66	100.0%

Healthcare cost trend rates

2025:

7.00% in 2026 reducing 0.25% per year prior to reaching ultimate rate of 5.00%.

2024:

6.50% in 2025 reducing 0.25% per year prior to reaching ultimate rate of 5.00%.

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of post-retirement benefit obligations.

The healthcare cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by 1 percent, the postretirement benefit obligation as of December 31, 2025 would increase by approximately $112,000.

The following table presents the components of the benefit obligations as of December 31:

	2025	2024
Benefit obligations		
Amounts currently payable		
Estimated obligation for claims incurred but not reported and premiums due	$ 77,799	$ 3,724
Actuarial present value of accumulated postretirement benefit obligation		
Current retirees	35,626,000	31,971,000
Other participants fully eligible for benefits	13,629,000	13,064,000
Participants not yet fully eligible for benefits	17,245,000	19,583,000
Total actuarial present value of accumulated postretirement benefit obligation	66,500,000	64,618,000
Total benefit obligations	$ 66,577,799	$ 64,621,724

The change in the benefit obligations for the year ended December 31, 2025, consists of the following:

Amounts currently payable	
Beginning of the year balance	$ 3,724
Claims and premiums reported and approved for payment	2,280,769
Claims and premiums paid	(2,206,694)
Balance at end of year	77,799
Actuarial present value of accumulated postretirement benefit obligation	
Beginning of the year balance	64,618,000
Increase (decrease) during the year attributable to	
Benefits accumulated	2,201,000
Interest expense attributed to decrease in the discount period	3,682,000
Net benefit payments reclassified to currently payable	(2,353,000)
Change in actuarial assumptions	(1,360,000)
Actuarial (gains) losses	(288,000)
Balance at end of year	66,500,000
Total benefit obligations	$ 66,577,799

Medicare Act

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) requires employers sponsoring postretirement health care plans to provide prescription drug benefits. The Act provides for a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the Company and not the Plan. Further, the Company is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. The accumulated postretirement benefit obligations as of December 31, 2025 and 2024, and the changes in the accumulated benefit obligations for the year ended December 31, 2025 do not reflect any amounts associated with the Medicare subsidy, as the Plan is not directly entitled to the Medicare subsidy.

6. Parties in Interest

The Plan held units of a short-term investment fund managed by the Trustee as of December 31, 2025 and 2024. Transactions in this investment qualify as party-in-interest transactions.

In addition, the Company makes payments on behalf of the Plan, such as claims, premiums, other benefits, administrative expenses, and taxes related to the Plan, and seeks reimbursement from the Plan via the VEBA. This reimbursement arrangement is generally prohibited by ERISA section 406(a), however, under an exemption (PTE 80-26) issued by the Department of Labor, which applies to this reimbursement arrangement, these transactions between the Plan and Company are permitted. An agreement established between the Company and the Plan provides terms and guidelines to comply with the requirements of PTE 80-26.

7. Tax Status of the Plan

The VEBA trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC) and, accordingly, the VEBA trust's net investment income is exempt from income taxes. However, as a result of the Plan's funding policy and investment mix, from time to time the VEBA trust may be subject to unrelated business income taxes. Unrelated business income tax expense has been recorded in the accompanying financial statements for the respective years and is either funded from the Plan via additional Company contributions or Plan assets. As of December 31, 2025 and 2024, the Plan was owed a refund of unrelated business income taxes. The Internal Revenue Service (IRS) is currently reviewing certain tax years, which may result in additional tax payments due from the Plan or provide refunds to the Plan. The VEBA trust has obtained a favorable tax opinion letter effective September 26, 2007 from the IRS that stated that the form of the Plan, as designed, was in compliance with the applicable requirements of the IRC and being operated in all material respects.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit with respect to any tax years in progress.

8. Risks and Uncertainties

In general, the investment securities provided by the Plan are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur

in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

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

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	2025	2024
Net assets available for benefits as reported in the financial statements	$ 78,079,951	$ 72,503,569
Benefit obligations currently payable	(77,799)	(3,724)
Net assets as reported on the Form 5500	$ 78,002,152	$ 72,499,845

The following is a reconciliation of the net increase per the financial statements to the Form 5500 for the year ended December 31, 2025:

Net increase as reported in the financial statements	$ 5,576,382
Benefit obligation currently payable as of December 31, 2024	3,724
Benefit obligation currently payable as of December 31, 2025	(77,799)
Change in net assets as reported on the Form 5500	$ 5,502,307

10. Subsequent Events

Management of the Plan has evaluated subsequent events from December 31, 2025 through October 15, 2026, the date these financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

Komatsu America Corp. Retiree Medical Welfare Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 94-1715128 Plan Number: 506
December 31, 2025

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
	Short-Term Investment Fund:			
*	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	1,687,459	$ 1,687,459	$ 1,687,459
	Mutual Funds:			
	ISHARES CORE S&P 500 ETF	8,275	4,223,656	5,667,879
	MFC ISHARES TR CORE MSCI EAFE ETF	16,045	1,193,333	1,435,386
	MFC ISHARES TR RUSSELL MID-CAP ETF	40,582	3,951,469	3,906,829
	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	76,508	7,566,596	7,641,619
	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	402,807	9,982,941	10,839,536
	MFC VANGUARD INDEX FUNDS S&P 500 ETF SHSNEW	9,632	4,493,977	6,040,516
	MFC VANGUARD INTL EQUITY INDEX FDS FTSE EMERGING MKTS ETF	29,262	1,307,764	1,573,125
	MFC VANGUARD MORNINGSTAR SMALL-CAP GROWTH ETF	2,764	684,236	835,032
	MFO ARTISAN PARTNRS FD HGH INCM INSTL	213,009	1,889,144	1,959,684
	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	598,381	5,971,994	5,947,910
	MFO BAIRD FDS INC CORE INTERMEDIATE MUN BD FD INSTL CL	687,951	7,082,192	7,134,047
	MFO COHEN & STEERS INSTL RLTY SHS INC COM	60,331	2,882,718	2,889,869
	MFO DODGE & COX FDS INCOME FUND X	253,651	3,264,458	3,261,949
	MFO FIDELITY INTL INDX-INST PRM	91,362	5,353,116	5,554,814
	MFO FIDELITY SALEM STREET TRUST FIDELITY EMERGING MARKETS INDEX FUND	59,427	810,685	812,959
	MFO JANUS INVESTMENT FUND JANUS OVERSEAS N	42,832	2,411,006	2,446,120
	MFO LAZARD FDS INC GLOBAL LISTED INFRASTRUCTURE PORT	79,409	1,335,791	1,442,853
	MFO MFS SERIES TRUST X INTL DIVERSIFICATION FD CL R6	87,331	2,498,266	2,426,061
	MFO NEW YORK LIFE INVESTMENTS FUNDS TR NYLI CBRE GLOBAL INFRASTRUCTURE CL R6 U	94,283	1,272,684	1,395,387
	MFO PGIM TOTAL RETURN BOND FUND	356,254	4,346,350	4,339,176
	MFO PIMCO RAE US SMALL FUND INST	67,295	820,695	782,638
	Total Mutual Funds		73,343,071	78,333,389
	Total		$ 75,030,530	$ 80,020,848

* Represents a party-in-interest transaction.

Komatsu America Corp. Retiree Medical Welfare Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 94-1715128 Plan Number: 506
Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
	Single Transactions								
	Sale:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	$ -	$ 5,203,512	$ -	$ -	$ 5,161,066	$ 5,203,512	$ 42,446
*	Purchase:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	23,382,739	-	-	-	23,382,739	23,382,739	-
*	Sale:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	18,511,996	-	-	18,511,996	18,511,996	-
*	Sale:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	4,102,696	-	-	4,102,696	4,102,696	-
	Purchase:	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	4,200,000	-	-	-	4,200,000	4,200,000	-
	Purchase:	MFO PGIM TOTAL RETURN BOND FUND	3,850,000	-	-	-	3,850,000	3,850,000	-
	Purchase:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	5,222,093	-	-	-	5,222,093	5,222,093	-
	Sale:	MFC ISHARES TR NATL MUN BD ETF	-	4,075,907	-	-	4,099,940	4,075,907	(24,033)
	Series Transactions								
*	Purchases:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	$ 40,732,051	$ -	$ -	$ -	$ 40,732,051	$ 40,732,051	$ -
*	Sales:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	41,021,874	-	-	41,021,874	41,021,874	-
	Purchases:	MFC ISHARES TR NATL MUN BD ETF	371,426	-	-	-	371,426	371,426	-
	Sales:	MFC ISHARES TR NATL MUN BD ETF	-	7,130,653	-	-	7,175,503	7,130,653	(44,850)
	Purchases:	MFC ISHARES TR RUSSELL MID-CAP ETF	3,951,469	-	-	-	3,951,469	3,951,469	-
	Purchases:	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	8,157,188	-	-	-	8,157,188	8,157,188	-
	Sales:	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	-	589,602	-	-	590,591	589,602	(989)
	Purchases:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	13,318,984	-	-	-	13,318,984	13,318,984	-
	Sales:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	-	3,850,725	-	-	3,336,042	3,850,725	514,683
	Purchases:	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	5,971,994	-	-	-	5,971,994	5,971,994	-
	Purchases:	MFO FIDELITY INTL INDX-INST PRM	4,223,000	-	-	-	4,223,000	4,223,000	-
	Sales:	MFO FIDELITY INTL INDX-INST PRM	-	20,000	-	-	19,884	20,000	116
	Purchases:	MFO PGIM TOTAL RETURN BOND FUND	4,346,350	-	-	-	4,346,350	4,346,350	-
	Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 05-15-2035	4,885,985	-	-	-	4,885,985	4,885,985	-
	Sales:	UNITED STATES TREASURY NOTES 4.25% Due 05-15-2035	-	4,977,053	-	-	4,885,985	4,977,053	91,068
	Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 11-15-2034	1,538,115	-	-	-	1,538,115	1,538,115	-
	Sales:	UNITED STATES TREASURY NOTES 4.25% Due 11-15-2034	-	5,649,594	-	-	5,730,788	5,649,594	(81,194)

Komatsu America Corp. Retiree Medical Welfare Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 94-1715128 Plan Number: 506
Year Ended December 31, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	6,002,826	-	-	-	6,002,826	6,002,826	-
Sales:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	-	6,051,645	-	-	6,002,826	6,051,645	48,819

* A party in interest as defined by ERISA.

Komatsu America Corp. Retiree Medical Welfare Plan

Form 5500, Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 94-1715128 Plan Number: 506
December 31, 2025

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
	Short-Term Investment Fund:			
*	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	1,687,459	$ 1,687,459	$ 1,687,459
	Mutual Funds:			
	ISHARES CORE S&P 500 ETF	8,275	4,223,656	5,667,879
	MFC ISHARES TR CORE MSCI EAFE ETF	16,045	1,193,333	1,435,386
	MFC ISHARES TR RUSSELL MID-CAP ETF	40,582	3,951,469	3,906,829
	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	76,508	7,566,596	7,641,619
	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	402,807	9,982,941	10,839,536
	MFC VANGUARD INDEX FUNDS S&P 500 ETF SHSNEW	9,632	4,493,977	6,040,516
	MFC VANGUARD INTL EQUITY INDEX FDS FTSE EMERGING MKTS ETF	29,262	1,307,764	1,573,125
	MFC VANGUARD MORNINGSTAR SMALL-CAP GROWTH ETF	2,764	684,236	835,032
	MFO ARTISAN PARTNRS FD HGH INCM INSTL	213,009	1,889,144	1,959,684
	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	598,381	5,971,994	5,947,910
	MFO BAIRD FDS INC CORE INTERMEDIATE MUN BD FD INSTL CL	687,951	7,082,192	7,134,047
	MFO COHEN & STEERS INSTL RLTY SHS INC COM	60,331	2,882,718	2,889,869
	MFO DODGE & COX FDS INCOME FUND X	253,651	3,264,458	3,261,949
	MFO FIDELITY INTL INDX-INST PRM	91,362	5,353,116	5,554,814
	MFO FIDELITY SALEM STREET TRUST FIDELITY EMERGING MARKETS INDEX FUND	59,427	810,685	812,959
	MFO JANUS INVESTMENT FUND JANUS OVERSEAS N	42,832	2,411,006	2,446,120
	MFO LAZARD FDS INC GLOBAL LISTED INFRASTRUCTURE PORT	79,409	1,335,791	1,442,853
	MFO MFS SERIES TRUST X INTL DIVERSIFICATION FD CL R6	87,331	2,498,266	2,426,061
	MFO NEW YORK LIFE INVESTMENTS FUNDS TR NYLI CBRE GLOBAL INFRASTRUCTURE CL R6 U	94,283	1,272,684	1,395,387
	MFO PGIM TOTAL RETURN BOND FUND	356,254	4,346,350	4,339,176
	MFO PIMCO RAE US SMALL FUND INST	67,295	820,695	782,638
	Total Mutual Funds		73,343,071	78,333,389
	Total		$ 75,030,530	$ 80,020,848

* Represents a party-in-interest transaction.

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
KOMATSU AMERICA CORP. RETIREE WELFARE PLAN

1b Three-digit plan number (PN) ▶ 506

1c Effective date of plan 01/01/2003

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

8770 W. BRYN MAWR, SUITE 100

CHICAGO IL 60631

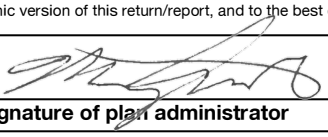
2b Employer Identification Number (EIN) 94-1715128

2c Plan Sponsor's telephone number 847-437-5800

2d Business code (see instructions) 333100

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

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

SIGN HERE		10/15/2026	MATTHEW STUART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. **Form 5500 (2025) v. 250312**

518401 12-22-25

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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1,288
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)**	
a (2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	1,360
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1,360
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [X] General assets of the sponsor

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

a Pension Schedules
- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [X] **A** (Insurance Information) - Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Komatsu America Corp. Retiree Medical Welfare Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 94-1715128 Plan Number: 506
Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
	Single Transactions								
	Sale:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	$ -	$ 5,203,512	$ -	$ -	$ 5,161,066	$ 5,203,512	$ 42,446
*	Purchase:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	23,382,739	-	-	-	23,382,739	23,382,739	-
*	Sale:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	18,511,996	-	-	18,511,996	18,511,996	-
*	Sale:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	4,102,696	-	-	4,102,696	4,102,696	-
	Purchase:	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	4,200,000	-	-	-	4,200,000	4,200,000	-
	Purchase:	MFO PGIM TOTAL RETURN BOND FUND	3,850,000	-	-	-	3,850,000	3,850,000	-
	Purchase:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	5,222,093	-	-	-	5,222,093	5,222,093	-
	Sale:	MFC ISHARES TR NATL MUN BD ETF	-	4,075,907	-	-	4,099,940	4,075,907	(24,033)
	Series Transactions								
*	Purchases:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	$ 40,732,051	$ -	$ -	$ -	$ 40,732,051	$ 40,732,051	$ -
*	Sales:	NORTHERN TRUST COMMON SHORT TERM INVESTMENT FUND	-	41,021,874	-	-	41,021,874	41,021,874	-
	Purchases:	MFC ISHARES TR NATL MUN BD ETF	371,426	-	-	-	371,426	371,426	-
	Sales:	MFC ISHARES TR NATL MUN BD ETF	-	7,130,653	-	-	7,175,503	7,130,653	(44,850)
	Purchases:	MFC ISHARES TR RUSSELL MID-CAP ETF	3,951,469	-	-	-	3,951,469	3,951,469	-
	Purchases:	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	8,157,188	-	-	-	8,157,188	8,157,188	-
	Sales:	MFC ISHARES TRUST CORE US AGGREGATE BD ETF	-	589,602	-	-	590,591	589,602	(989)
	Purchases:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	13,318,984	-	-	-	13,318,984	13,318,984	-
	Sales:	MFC SCHWAB STRATEGIC TR US LARGE-CAP ETF	-	3,850,725	-	-	3,336,042	3,850,725	514,683
	Purchases:	MFO BAIRD FDS INC AGGREGATE BD FD INSTL CL SHS	5,971,994	-	-	-	5,971,994	5,971,994	-
	Purchases:	MFO FIDELITY INTL INDX-INST PRM	4,223,000	-	-	-	4,223,000	4,223,000	-
	Sales:	MFO FIDELITY INTL INDX-INST PRM	-	20,000	-	-	19,884	20,000	116
	Purchases:	MFO PGIM TOTAL RETURN BOND FUND	4,346,350	-	-	-	4,346,350	4,346,350	-
	Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 05-15-2035	4,885,985	-	-	-	4,885,985	4,885,985	-
	Sales:	UNITED STATES TREASURY NOTES 4.25% Due 05-15-2035	-	4,977,053	-	-	4,885,985	4,977,053	91,068
	Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 11-15-2034	1,538,115	-	-	-	1,538,115	1,538,115	-
	Sales:	UNITED STATES TREASURY NOTES 4.25% Due 11-15-2034	-	5,649,594	-	-	5,730,788	5,649,594	(81,194)

Komatsu America Corp. Retiree Medical Welfare Plan

Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 94-1715128 Plan Number: 506
Year Ended December 31, 2025

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Purchases:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	6,002,826	-	-	-	6,002,826	6,002,826	-
Sales:	UNITED STATES TREASURY NOTES 4.25% Due 08-15-2035	-	6,051,645	-	-	6,002,826	6,051,645	48,819

* A party in interest as defined by ERISA.