



To the Directors of Newmont USA Limited

## Independent Limited Assurance Report on Red Chris Mine's TSM Performance Statement as at 31 December 2025

The Board of Directors of Newmont USA Limited (Newmont USA) engaged us to perform an independent limited assurance engagement in respect of the Subject Matter Information described in the table below as at 31 December 2025 in relation to Newmont Corporation (Newmont)'s Red Chris Mine.

### Subject Matter Information and Criteria

The Subject Matter Information and the Criteria are as set out below:

Subject Matter Information	Criteria
Red Chris Mine's assertions made in its self-assessment within the Red Chris Mine TSM Performance Statement as set out in Exhibit 2 regarding its level of conformance with the following Towards Sustainable Mining (TSM) protocols (TSM Protocols), as referenced in Exhibit 1.	TSM protocols for each of the Subject Matter Information areas, as referenced in Exhibit 1.

The maintenance and integrity of Newmont's website is the responsibility of Newmont; the work carried out by us does not involve consideration of these matters and, accordingly, we accept no responsibility for any changes that may have occurred to the reported Subject Matter Information or Criteria when presented on Newmont's website.

Our assurance conclusion is with respect to the Subject Matter Information within the Performance Statement as at 31 December 2025 and does not extend to information in respect of earlier periods or to any other information included in, or linked from, the Performance Statement.

### Responsibilities of Management

Newmont Management is responsible for the preparation of the Subject Matter Information in accordance with the Criteria. This responsibility includes:

PricewaterhouseCoopers, ABN 52 780 433 757  
2 Riverside Quay, SOUTHBANK VIC 3006,  
GPO Box 1331 MELBOURNE VIC 3001  
T: +61 3 8603 1000, F: +61 3 8603 1999, www.pwc.com.au



- determining appropriate reporting topics and selecting or establishing suitable criteria for measuring, evaluating and preparing the underlying Subject Matter Information;
- ensuring that those criteria are relevant and appropriate to Newmont and the intended users; and
- designing, implementing and maintaining systems, processes and internal controls relevant to the preparation of Subject Matter Information, which is free from material misstatement, whether due to fraud or error.

## **Our independence and quality management**

We have complied with the ethical requirements of the *International Code of Ethics for Professional Accountants (including International Independence Standards)* issued by the International Ethics Standards Board for Accountants (IESBA Code) relevant to assurance engagements, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

Our firm applies International Standard on Quality Management ISQM 1, *Quality Management for Firms that Perform Audits or Reviews of Financial Statements, or Other Assurance or Related Services Engagements*, which requires the firm to design, implement and operate a system of quality management including policies or procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

## **Our responsibilities**

Our responsibility is to express a limited assurance conclusion based on the procedures we have performed and the evidence we have obtained.

Our engagement has been conducted in accordance with the International Standard on Assurance Engagements (ISAE) 3000 (Revised) *Assurance Engagements Other Than Audits or Reviews of Historical Financial Information*. That standard requires that we plan and perform this engagement to obtain limited assurance about whether anything has come to our attention to indicate that the Subject Matter Information has not been prepared, in all material respects, in accordance with the Criteria, as at 31 December 2025.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have



been obtained had a reasonable assurance engagement been performed. Accordingly, we do not express a reasonable assurance opinion.

In carrying out our limited assurance engagement we:

- performed risk assessment procedures, including obtaining an understanding of internal control relevant to the engagement, to identify where material misstatements are likely to arise, whether due to fraud or error, and;
- designed and performed procedures, as noted in Exhibit 2, responsive to the risk of where material misstatements are likely to arise in the Subject Matter Information. 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.

While we believe that we have obtained sufficient evidence on which to base our assurance conclusion below, our procedures were not designed to enable us to conclude on and we do not express any assurance over the suitability of design or operating effectiveness of the processes and controls described in Exhibit 2. The limited assurance conclusion expressed in this report has been formed on the above basis.

We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our conclusion.

## **Inherent limitations**

Inherent limitations exist in all assurance engagements due to the selective testing of the information being examined. It is therefore possible that fraud, error or non-compliance may occur and not be detected. A limited assurance engagement is not designed to detect all instances of non-compliance of the Subject Matter Information with the Criteria, as it is limited primarily to making enquiries of Newmont and analysis of selected information.

Additionally, non-financial data may be subject to more inherent limitations than financial data, given both its nature and the methods used for determining such information. The absence of a significant body of established practice on which to draw to evaluate and measure non-financial information allows for different, but acceptable, evaluation and measurement techniques that can affect comparability between entities and over time.



The Red Chris Mine TSM Performance Statement is based on a historical reflection of the policies and processes in place as at the reported date. The evaluation of or any conclusions about the Performance Statement cannot be relied upon for future periods.

The limited assurance conclusion expressed in this report has been formed on the above basis.

## **Our limited assurance conclusion**

Based on the procedures we have performed, as described under 'Our responsibilities' and the evidence we have obtained, nothing has come to our attention that causes us to believe that the Subject Matter Information has not been prepared, in all material respects, in accordance with the Criteria as at 31 December 2025.

## **Use and distribution of our report**

We were engaged by the board of directors of Newmont USA on behalf of Newmont to prepare this independent assurance report having regard to the criteria specified by Newmont and set out in this report. This report was prepared solely for the Directors of Newmont USA to assist Newmont in meeting its commitments as a member of The Mining Association of Canada (with respect to the adoption of TSM Protocols).

We accept no duty, responsibility or liability to anyone other than Newmont USA in connection with this report or to Newmont USA for the consequences of using or relying on it for a purpose other than that referred to above. We make no representation concerning the appropriateness of this report for anyone other than Newmont USA and if anyone other than Newmont USA chooses to use or rely on it they do so at their own risk.

This disclaimer applies to the maximum extent permitted by law and, without limitation, to liability arising in negligence or under statute and even if we consent to anyone other than Newmont USA receiving or using this report.

*PricewaterhouseCoopers*

PricewaterhouseCoopers

A handwritten signature in black ink, appearing to be 'JO'.

John O'Donoghue  
Partner

Melbourne  
9 April 2026



## Exhibit 1

### Criteria

The following criteria have been used to assess Newmont's Performance Statement for the Red Chris Mine (the facility):

#### Name of Protocols

Mining Association of Canada's (MAC) Towards Sustainable Mining (TSM) Protocols:

- Biodiversity Conservation Management Protocol (2020)
- Climate Change Protocol (2021)
- Crisis Management and Communications Protocol (2022)
- Equitable, Diverse and Inclusive Workplaces Protocol (2023)
- Indigenous and Community Relationships Protocol (2025)
- Preventing Child and Forced Labour Protocol (2019)
- Safety, Healthy and Respectful Workplaces Protocol (2024)
- Tailings Management Protocol (2023)
- Water Stewardship Protocol (2024)



## Exhibit 2

### Boundary setting, details of work performed

#### Facility information

Name of company	Newmont Corporation (Newmont)
Name of facility	Red Chris Mine
Address	Dease Lake, BC V0C 1L0
Country of operation	Canada
Products/metals produced on site	Gold and Copper
Types of operations included in scope:	
Mining	<input checked="" type="checkbox"/>
Milling	<input checked="" type="checkbox"/>
Smelting	<input type="checkbox"/>
Hydrometallurgical	<input type="checkbox"/>



Refining	<input type="checkbox"/>
Other (please explain)	
Types of infrastructure included in scope:	
Roads	<input checked="" type="checkbox"/>
Rails	<input type="checkbox"/>
Ports	<input type="checkbox"/>
Other (please explain)	



## Verifier information

<b>Name of lead verifier</b>	John O'Donoghue
<b>Verification firm</b>	PricewaterhouseCoopers Australia
<b>Confirmation that all verifiers involved in the verification are accredited TSM verifiers</b>	<p><b>TSM verifiers</b></p> <ul style="list-style-type: none"><li>• John O'Donoghue, Engagement Partner</li><li>• Alex Schreier, Director</li><li>• Dino Alimanovic, Senior Manager</li><li>• Niamh Conway, Senior Manager</li><li>• Kyle Jacob, Senior Associate</li></ul> <p><b>Verifiers-in-training</b></p> <ul style="list-style-type: none"><li>• MJ Siahdashti, Director</li><li>• Khoi Mai, Senior Manager</li><li>• Aisling Power, Manager</li><li>• Shirley Xian, Associate</li></ul>
<b>Date(s) of verification activities (dd/mm/yyyy – dd/mm/yyyy)</b>	<p>Assurance kick-off: 23/10/2025</p> <p>Risk assessment: 06/10/2025 – 17/10/2025</p> <p>Physical site visit: 11/11/2025 – 15/11/2025</p> <p>Desktop review: 06/10/2025 – 16/03/2026</p> <p>Senior review of work: 24/11/2025 – 17/03/2026</p> <p>Reporting date: 9/04/2026</p>
<b>Verification period</b>	<p>01 January 2025 – 31 December 2025</p> <p>Additional documentation and evidence may have also been reviewed as part of meeting the three-year cycle requirements.</p>



## Verification process

<b>Summary of the verification methodology</b>	<p>The assurance was performed in accordance with International Standard on Assurance Engagements (ISAE) 3000 (Revised), <i>Assurance Engagements Other than Audits or Reviews of Historical Financial Information</i> issued by the International Auditing and Assurance Standards Board.</p> <p>The engagement team is made up of the following roles:</p> <ul style="list-style-type: none"><li>• <i>Engagement partner</i> – Overall responsibility for managing and achieving quality on the engagement and being sufficiently and appropriately involved throughout the engagement.</li><li>• <i>TSM verifiers</i> – These are approved verifiers that include assurance specialists, mining engineers and subject matter specialists where relevant.</li><li>• <i>TSM verifiers in training</i> – PwC employees who are actively developing the experience required to become certified TSM verifiers by shadowing experienced professionals in the role. Their contributions during the verification process are closely supervised and thoroughly reviewed by qualified TSM verifiers to ensure accuracy, consistency, and adherence to the TSM protocols. These can also include subject matter specialists, such as mining engineers, and community engagement specialists.</li></ul> <p><b>Obtaining evidence</b></p> <p>PwC identified and assessed the risks of material misstatement in the Performance Statement (the subject matter).</p> <p>Procedures were then designed and performed to respond to the assessed risks and to obtain evidence to support our limited assurance conclusion. Obtaining evidence included:</p> <ul style="list-style-type: none"><li>• Inspection of documents;</li><li>• Observation on-site of controls and practices being performed;</li><li>• Inquiry with third parties such as communities, suppliers, or contractors;</li><li>• Inquiry with employees (including workers and management) and contractors.</li></ul> <p>The risk level informed the extent of the procedures performed and therefore evidence obtained for each requirement in the protocols.</p> <p><b>Sampling methodology</b></p> <p>When performing inspection and inquiries, sampling methods are adopted to ensure that the appropriate evidence is obtained to meet the requirements of</p>
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	<p>ISAE 3000 (Revised). Any exceptions identified during our testing of the criteria are noted in our report. Specific sampling methods for COI and workforce are further explained below.</p> <p><b>Communities of Interest (COI) interview selection</b></p> <p>The facility COI mapping document and baseline socio-economic study were used to inform the identification of COIs for the facility and respective selection.</p> <p>In line with firm risk-based methodology, professional judgement can be used in a limited assurance engagement in determining the number of samples. PwC selected four COI that were deemed representative of those with the highest combined impact and influence, two of which are Indigenous COI.</p> <p><b>Workforce interview selection</b></p> <p>To facilitate workforce interviews, PwC established that the Red Chris Mine workforce is comprised of approximately 800 individuals, including both employees and contractors. In alignment with firm methodology, PwC ensured an appropriate sample size, ultimately conducting 28 interviews. This satisfied both our firm requirement and the TSM recommended threshold of the square root of the workforce. Refer to the subsequent section for additional details.</p>
<p><b>Summary of the verification activities</b></p>	<p>The following activities were performed as part of the assessment:</p> <ol style="list-style-type: none"> <li>1. <b>Planning and assurance approach</b> <ul style="list-style-type: none"> <li>• Conducted a kick-off meeting to set expectations for timelines and scope of work.</li> <li>• Inspected the site's self-assessment against the criteria.</li> <li>• Performed a risk assessment based on the self-assessment, prior knowledge of the facility, operational context, and other publicly available information.</li> <li>• Developed an assessment plan and provided this plan to the appropriate parties.</li> </ul> </li> <li>2. <b>Execution activities</b> <ul style="list-style-type: none"> <li>• Inspection of evidence to support the self-assessment ratings. This included but was not limited to policies, procedures, management plans, published reports, and permits.</li> <li>• Conducted interviews with facility management to confirm their awareness of policies, implementation of policies and commitments through management systems, and confirmed understanding of the controls and processes in place for each TSM protocol.</li> <li>• Performed a site visit to the facility, which included the following</li> </ul> </li> </ol>



	<p>activities:</p> <ul style="list-style-type: none"> <li>○ Opening with the mine general manager, senior management and department leads (prior to the site visit)</li> <li>○ Tour, inspections, and observations of the operating activities, including but not limited to water management infrastructure, the Tailings Impoundment Area (TIA), open-pit mine, waste management areas, crisis management facilities, mill, mechanic shop, chemical storage facilities and monitoring equipment;</li> <li>○ Interviews with employees;</li> <li>○ Interviews with contractors;</li> <li>○ Interviews with COIs;</li> <li>○ Observation of critical controls being carried out on a sample basis;</li> <li>○ Closing meeting with mine general manager, senior management and department leads to review preliminary assessment results.</li> </ul> <ul style="list-style-type: none"> <li>● Comparison of Red Chris’s self-assessment results with TSM protocol criteria, evidence collected, and insights from interviews and site visits.</li> <li>● Discussions on preliminary rating differences, supporting documentation, identified gaps, and plans for gap resolution.</li> </ul> <p>3. <b>Conclusion activities</b></p> <ul style="list-style-type: none"> <li>● Senior review of documentation detailing procedures performed, and evidence collected.</li> <li>● Final review meeting with facility management to validate ratings, gaps identified, and plans for addressing them.</li> <li>● Finalization of the Report</li> </ul> <p><b>Details of interview sampling:</b></p> <ul style="list-style-type: none"> <li>● Conducted in-person and virtual interviews with 24 employees (based on approximately 600 employees).</li> <li>● Conducted in-person interviews with 4 contractors (based on approximately 200 contractors).</li> <li>● Conducted virtual interviews with four COI groups out of 95.</li> </ul> <p>Please refer to the assurance report when reading this summary report and for the conclusion stated.</p>
<p><b>Was a site visit conducted?</b></p>	<p>Yes</p>
<p><b>Did the facility provide advance notice of the</b></p>	<p>Yes, this was done in advance of the interviews, and the verification details are also available on the TSM website.</p>



<b>verification to communities of interest?</b>	
<b>Number and types of communities of interest interviewed to support the verification</b>	Four total COIs were interviewed during the verification, which included: <ul style="list-style-type: none"><li>• Two Indigenous COIs, which included:<ul style="list-style-type: none"><li>○ One government organization</li><li>○ One business partner</li><li>○ One emergency responder, who was the same person as the business partner</li></ul></li><li>• One elected official</li><li>• One environmental focused non-profit organization</li></ul>
<b>Has the facility developed an action plan to address gaps to achieve Level A or Yes on any TSM performance indicators?</b>	Yes



## Schedule 1

### MAC TSM protocols

Red Chris's performance statement		
Criterion	Rating C, B, A, AA or AAA (or otherwise indicated)	Examples of evidence consulted and criteria missing to achieve Level A (if applicable)
<b>Biodiversity conservation management</b>		
1. Corporate biodiversity conservation commitment, accountability, and communications	AAA	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Obtained and inspected relevant policies, internal standards, reports, documents and mechanisms in place related to biodiversity conservation commitment, accountability and communications. This included Newmont's Biodiversity Management standard, Newmont's Sustainability and Stakeholder Engagement Policy, Newmont's Annual Sustainability Report.</li> </ul>
2. Biodiversity conservation planning and implementation	A	<p><b>Types of Documents Reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected the biodiversity baseline studies, biodiversity management plans such as the Wildlife Management Plan, Soil Management Plan and the Vegetation Management Plan.</li> <li>The facility's Wildlife Management Advisory Committee (WMAC) meeting minutes to understand engagement with COI on biodiversity conservation management and tracking of actions and outcomes of biodiversity management programs.</li> <li>Inspected the facility's Biodiversity Management Plan and Wildlife Monitoring Program Summary Report to understand specific objectives on biodiversity conservation management and tracking of</li> </ul>

		<p>actions and outcomes of biodiversity management programs.</p> <ul style="list-style-type: none"> <li>Inspected annual permit reports detailing biodiversity management programs and actions implemented on site and their outcomes to evidence implementation, reporting, review and sign-off by senior management.</li> </ul> <p><b>Interviews Conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management and confirmed awareness and understanding of key policies and procedures in place, as well as the integration of biodiversity conservation and management in business planning</li> <li>Conducted interviews with a sample of employees and contractors to confirm awareness of biodiversity conservation procedures and receipt of biodiversity training.</li> <li>Conducted interviews with a sample of COI to confirm engagement in biodiversity conservation management.</li> </ul> <p><b>Onsite Observations</b></p> <ul style="list-style-type: none"> <li>Observed posters and materials related to wildlife sightings and actions to take to report wildlife sightings in line with the Wildlife Management Plan.</li> </ul>
<p>3. Biodiversity conservation reporting</p>	<p>AA</p>	<p><b>Types of Documents Reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected public reporting over implementation of biodiversity programs.</li> <li>Inspected public reporting on biodiversity and conservation and confirmed independent external and internal reviews are conducted for the reported information.</li> <li>Inspected reporting of biodiversity management program implementation to COI and evidence of senior management awareness and involvement in reporting.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to confirm awareness of mechanisms for internal and external reporting of biodiversity conservation performance, including reporting to COI.</li> <li>Conducted interviews with a sample of COI to confirm awareness and engagement related to biodiversity conservation.</li> </ul>



Climate change		
1. Corporate climate change management	AAA	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Obtained and inspected relevant policies, internal standards, reports, documents and mechanisms in place related to climate change. This included Newmont's Annual Sustainability Report, Newmont's climate strategy, and Newmont's reported GHG emissions data.</li> <li>While on site, observed the site's material sources of emissions.</li> </ul>
2. Facility climate change management	C	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected energy and GHG emission data tracking system and observed disaggregation of energy consumption and GHG emission sources at the site level.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to understand the reporting and management of energy and GHG emissions data and engagement with COI related to climate change.</li> <li>Conducted interviews with a sample of COI to understand the level of engagement with respect to climate-related risks.</li> </ul> <p><b>Identified gaps to achieve level A</b></p> <ul style="list-style-type: none"> <li>A basic energy use and GHG emissions management system has been established, however, the facility requires formal roles and responsibilities assigned for GHG and/or energy reductions. An action plan is required to meet all requirements for a Level A.</li> </ul>
3. Facility performance targets and reporting	C	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected Newmont's Annual Sustainability Report and performance data tables, which include reporting on site level GHG emissions.</li> <li>Inspected Newmont's Approach to Energy and Climate Change which outlines plans to be carbon-neutral by 2050 at the enterprise level.</li> <li>Inspected regulatory reporting to the relevant government body stating the CO<sub>2</sub>e emissions for the facility for 2024, disaggregated by fuel type and emission source.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to</li> </ul>



		<p>understand plans to align with Newmont's Approach to Energy and Climate Change at the site level.</p> <ul style="list-style-type: none"> <li>• <b>Site visit observations</b></li> <li>• Observed sources of energy consumption and GHG emissions at the facility.</li> </ul> <p><b>Identified gaps to achieve level A</b></p> <ul style="list-style-type: none"> <li>• There are no facility level performance targets set to focus on scope 1 and 2 GHG emissions.</li> <li>• There are no facility-level short-term, long-term targets, or action plans for GHG emissions or energy reductions which would support GHG emissions reductions.</li> </ul>
<b>Crisis management and communications planning – FACILITY (Indicate YES or NO)</b>		
<p>1. Crisis management and communications preparedness</p>	<p>Yes</p>	<p><b>Examples of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the facility's Mine Emergency Response Plan (MERP).</li> <li>• Inspected several emergency response standard operating procedures (SOPs) related to facility-specific risks.</li> <li>• Inspected the defined roles and responsibilities of the site's emergency management team.</li> <li>• Inspected the current contact information for the emergency management team.</li> <li>• Obtained and inspected procedures related to external communications in the event of a crisis.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to confirm management's awareness and training on the emergency response plans.</li> <li>• Conducted a sample of employee, contractor, and COI interviews to confirm stakeholder awareness of emergency scenarios and response plans.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>• Observed on-site the equipment in the crisis response center, fire hall and emergency response vehicles.</li> <li>• Observed and obtained a demonstration of the crisis management application, Newmont's platform for managing, documenting and</li> </ul>



		communicating crisis management plan, and track and record incidents and procedures.
2. Review	Yes	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected the facility's MERP to corroborate version controls and that the plan is reviewed every 24 months.</li> <li>Inspected a sample of training records for new members of the emergency response team.</li> <li>Inspected the stakeholder contact list in the event of an emergency.</li> <li>Inspected the risk severity checklist where risks are identified, assessed, and addressed.</li> <li>Inspected evidence of crisis management tests, including simulations.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to confirm management's understanding of review processes for the MERP and related documents.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>Observed the site's crisis management room and information displayed in common areas.</li> </ul>
3. Training	Yes	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected an incident investigation report from a crisis scenario that occurred in July 2025, including investigative findings, lessons learned, and actions taken.</li> <li>Inspected evidence of tabletop exercises being completed annually.</li> <li>Inspected the training and simulation schedule for emergency scenarios.</li> <li>Inspected the facility's improvement points and follow-up documentation from its last full-scale crisis simulation located within their compliance application.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted a sample of employee, contractor, and COI interviews to confirm stakeholder awareness of emergency scenarios and response plans.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>Observed information displaying required training, including upcoming</li> </ul>



		sessions.
<b>Equitable, diverse, and inclusive workplaces protocol</b>		
1. Leadership and strategy (Corporate criteria)	A	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Obtained and inspected relevant policies, internal standards, reports, documents and mechanisms in place related to equity, diversity and inclusivity. This included Newmont’s People Policy and Inclusion and Diversity Standard, Newmont’s strategy with respect to People and Culture, Newmont’s Annual Sustainability Report and Newmont’s Organizational Justice and Integrity Dashboard Report.</li> </ul>
2. Advancing equity, diversity, and inclusion (Facility criteria)	A	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected Impact Benefit Co-management Agreement which includes commitments to hiring practices for under-represented groups.</li> <li>Inspected policies to demonstrate a commitment towards fostering equity, diversity and inclusion (EDI) at the site.</li> <li>Inspected training materials related to advancing EDI at the facility.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to obtain an understanding of the procedures, processes, and initiatives in place to foster a workplace culture of EDI.</li> <li>Conducted site interviews with a sample of employees and contractors, including members from under-represented groups, to assess their awareness of EDI policies and initiatives, and perspectives of EDI at the workplace.</li> </ul>
3. Monitoring, performance, and reporting (Facility criteria)	A	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected EDI performance measures included in public reporting.</li> <li>Inspected facility-level performance targets and objectives related to fostering an equitable, diverse, and inclusive workplace.</li> <li>Inspected processes for data collection related to EDI performance to evidence that data collection is supported by engagement with a cross-section of individuals with diverse perspectives and experience.</li> <li>Inspected processes for protecting anonymity and confidentiality when collecting data.</li> </ul>



		<p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management at the facility to understand how performance is tracked, monitored, and assessed.</li> <li>• Conducted interviews with a sample of COI groups, including those who are under-represented, to understand their perspective on the facility's performance related to EDI targets and objectives.</li> </ul>
<p><b>Indigenous and community relationships</b></p>		
<p>1. Community of Interest (COI) identification</p>	<p>B</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the Local Assessment Area Socio-Economic Baseline Report developed as part of the Block Cave Project and noted that COI within the assessment have been identified, and that the assessment area's boundaries were developed in collaboration with a key COI.</li> <li>• Inspected the most current COI list maintained by the facility.</li> <li>• Inspected a sample of meeting minutes of committees made up in part by COI representatives.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to understand the policies and procedures surrounding the identification and mapping of COI.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>• COI have been identified and there is demonstrated collaboration with COI and the facility. Stakeholder mapping is currently under development to align with the requirements of this indicator.</li> </ul>
<p>2. Effective COI engagement and dialogue</p>	<p>AA</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the Community Engagement and Communications plan for the facility to understand processes in place for COI engagement and dialogue.</li> <li>• Inspected reporting related to COI engagement and confirmed that the effectiveness of the engagement system is accessed and communicated to relevant COI.</li> <li>• Inspected the Impact Benefit Co-management Agreement (IBCA) and noted that engagement procedures are defined as part of the</li> </ul>



		<p>agreements.</p> <ul style="list-style-type: none"> <li>• Inspected a sample of meeting minutes of committees made up in part by COI representatives.</li> <li>• Inspected training material covering effective COI engagement.</li> <li>• Inspected evidence of the needs for COI capacity building being identified.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to demonstrate their awareness of the policies and procedures surrounding COI engagement and dialogue.</li> <li>• Conducted interviews with a sample of COI to confirm that the facility engages with them on material topics.</li> <li>• Conducted interviews with a sample of COI and confirmed that they have opportunities to provide feedback on reporting related topics that are material to them.</li> </ul>
<p>3. Effective Indigenous engagement and dialogue</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the IBCA evidencing processes being established for engagement with relevant Indigenous COI.</li> <li>• Inspected evidence of training over engagement and dialogue, including cultural awareness aspects.</li> <li>• Reviewed a sample of relevant policies, documents, and mechanisms in place related to Indigenous engagement and dialogue.</li> <li>• Inspected the facility's plans and objectives related to Indigenous engagement.</li> <li>• Inspected evidence of benefit sharing with Indigenous communities such as employment, procurement, and community development initiatives.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with a sample of Indigenous COIs to understand their perspectives on the Indigenous engagement processes in place at the facility.</li> <li>• Conducted interviews with relevant members of management at the facility to obtain an understanding of the Indigenous engagement processes.</li> <li>• Conducted interviews with employees while on-site, including those who are members of Indigenous COI, to understand their perspective the site's engagement..</li> </ul>



<p>4. Community impact and benefit management</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected action plans developed with COI to evidence that they include actions to mitigate impacts and optimize benefits for COI.</li> <li>• Inspected evidence demonstrating how the facility has considered and included underrepresented COI in its engagement process.</li> <li>• Inspected the IBCA between the facility and Indigenous COI and noted that they include articles related to employment and procurement opportunities.</li> <li>• Inspected reports created by the facility and distributed to COI which outline contributions made to communities.</li> <li>• Inspected the facility's human rights risk assessment and noted that potential and adverse impacts to COI have been identified by the facility.</li> <li>• Inspected the Government of Canada's ESTMA reporting dashboard and noted that economic contributions to COI, including indigenous COI, are publicly disclosed.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management at the facility to understand the facility's procedures with regard to managing community impacts and benefits.</li> <li>• Conducted interviews with a sample of COI to confirm that the facility collaborates with them to manage community impacts and benefits, including reviewing the effectiveness of actions.</li> </ul>
<p>5. COI response mechanism</p>	<p>B</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the system intended to track engagement with COI and manage grievances filed.</li> <li>• Inspected the facility's draft Community Engagement and Communication Plan and noted that the facility is in the process of formalizing a grievance mechanism.</li> <li>• Inspected Newmont's publicly available feedback channel via the corporate website.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted site interviews with a sample of employees, contractors, and COI to evidence the understanding and use of the facility's response mechanism and potential escalation channels.</li> </ul> <p><b>Site visit observations</b></p>

		<ul style="list-style-type: none"> <li>Observed posters advertising the use of the grievance mechanism while on-site.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>There is an informal grievance system established and effective, however, the facility is in the process of formalizing and fully implementing the grievance mechanisms to align with the requirements of this indicator.</li> </ul>
<p><b>Prevention of child and forced labour (Indicate YES or NO)</b></p>		
<p>1. Preventing forced labour</p>	<p>Yes</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected Newmont's 2025 Modern Slavery Statement, indicating that the facility is in a jurisdiction with a low risk of being vulnerable to modern slavery.</li> <li>Inspected Newmont's Human Rights Standards, which states the commitment to prohibit all forms of forced and compulsory labour.</li> <li>Inspected Newmont's Integrity Helpline, which contractors and employees can use to raise issues and concerns about human rights concerns, including forced labour.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to gain an understanding of the processes in place to address jurisdictional risks surrounding child and forced labour.</li> <li>Conducted interviews with a sample of employees and contractors to observe their awareness and understanding of forced labour policies.</li> <li>Conducted interviews with a sample of employees and contractors to confirm that they are not forced to work and that they have the right to end employment and say no to overtime.</li> </ul> <p><b>Site visit observations</b></p> <ul style="list-style-type: none"> <li>Observed implementation of age verification during onboarding process for site access.</li> </ul>



<p>2. Preventing child labour</p>	<p>Yes</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected Newmont’s 2025 Modern Slavery Statement, indicating that the facility is in a jurisdiction with a low risk of being vulnerable to modern slavery.</li> <li>• Inspected Newmont’s Human Rights Standards, which states the commitment to prohibit all forms of child labour.</li> <li>• Inspected Newmont’s Integrity Helpline, which contractors and employees can use to raise issues and concerns about human rights concerns, including child labour.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management and employees at the facility to enquire about their understanding of the organization’s policy.</li> <li>• Conducted interviews with relevant members of management regarding controls in place to demonstrate the ages of employees and confirmed that no personnel (contractors or employees) under the age of 18 are allowed on-site.</li> </ul> <p><b>Site visit observations</b></p> <ul style="list-style-type: none"> <li>• Observed during the on-site visit that no apparent underage employees or contractors were working on-site and confirmed through inquiry with a sample of contractors and employees.</li> </ul>
<p><b>Safe, healthy, and respectful workplaces protocol</b></p>		
<p>1. Commitments and accountability</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected a sample of relevant commitments, policies and mechanisms in place related to safe, healthy and respectful workplaces.</li> <li>• Inspected the facility’s Safety Management Plan, which includes training requirements.</li> <li>• Inspected policies and management programs to review the alignment of policies and commitments with the TSM Safe, Healthy and Respectful Workplaces Framework.</li> <li>• Inspected the results of internal audits related to health and safety.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to obtain</li> </ul>



		<p>an overall understanding of the facility's commitment and governance around having a safe, healthy and respectful workplace.</p> <ul style="list-style-type: none"> <li>Conducted interviews with a sample of employees and contractors to test their understanding of commitments and processes related to maintaining safe, healthy, and respectful workplaces.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>Observed during the site visit commitment towards maintaining safety, health, and respectful workplaces through signage of the relevant policies posted at site, as well as daily pre-start meetings held prior to shift-starts where health and safety risks and incidents as well as controls and worker fitness to work are discussed. In addition, toured areas where high risk work was being performed.</li> <li>Observed critical control verifications (CCVs) conducted by supervisors to assess employee and contractor awareness of job hazards and critical control implementation and effectiveness. Coaching from supervisors to workers on critical controls was also observed.</li> </ul>
<p>2. Safety and health management systems</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected procedures related to safety incident reporting and investigation.</li> <li>Inspected documentation to demonstrate that the industrial hygiene program is in place at the facility.</li> <li>Inspected the organizational chart to understand the governance surrounding health and safety.</li> <li>Inspected evidence to support the existence of goals and targets related to Safe, Healthy and Respectful Workplaces.</li> <li>Inspected controlled documents to evidence that facility-specific hazardous tasks and critical controls have been identified.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to confirm their understanding of the overall safety and health management system, including related controls, procedures, and policies.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>Attended and observed multiple daily pre-start meetings across different teams and signage which include discussions and policies related to physical and psychological risks and hazards in the workplace.</li> <li>Observed critical control verifications (CCVs) conducted by supervisors to assess employee and contractor awareness of job hazards and critical</li> </ul>

		<p>control implementation and effectiveness. Coaching from supervisors to workers on critical controls was also observed.</p>
<p>3. Psychological safety and respectful behaviour</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected communications, procedures, and policies that promote psychological safety and respect.</li> <li>• Inspected programs available to employees that promote and support physical and mental health and well-being.</li> <li>• Inspected a sample of employee training records and confirmed that training related to maintaining a respectful workplace is available to all employees.</li> <li>• Inspected training materials over mental health first aid to promote psychological safety.</li> <li>• Inspected procedures related to the mechanism in place that can be used for confidential incident reporting.</li> <li>• Inspected posters for counselling services and how to access confidential incident reporting channel throughout facilities during the site visit.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with a sample of employees and contractors on site to test the roll out of respect at work training, and awareness of mechanisms to report psychosocial hazards, such as bullying, discrimination and harassment.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>• Observed the integrity helpline information being posted on-site, as well as information related to encouraging well-being.</li> </ul>
<p>4. Training, behaviour and culture</p>	<p>B</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected a sample of health and safety related training records for employees.</li> <li>• Inspected training materials for mental health first aid and respectful workplaces to evidence these topics are included in training/awareness and observation and engagement programs.</li> <li>• Inspected governance policies that inform policies over workplace design that include physical and psychological safety, respect, and accessibility.</li> <li>• Inspected the results of the internal audit as it relates to health and safety, including training initiatives.</li> <li>• Inspected a sample of training records to evidence employee training</li> </ul>



		<p>completion.</p> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management at the facility to obtain an understanding of health and safety related training and initiatives, as well as how health and safety performance is included in purchasing decisions.</li> <li>• Conducted interviews with contractors and employees to test their awareness of safety risks related to their business area.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>• Observed commitment to health and safety through posting of safety policies and commitments to health and safety from management, the use of proper personal protective equipment, and management emphasis of health and safety during pre-start meetings.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>• There is no formal, documented system to ensure contractors complete required training prior to site access. This gap is currently being addressed through the implementation of an updated management system, intended to be rolled out in 2026.</li> </ul>
<p>5. Monitoring and reporting</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Observed the online training system to track training completed.</li> <li>• Reviewed a sample of internal performance reporting against the health, safety, environment and community standards that the facility has implemented.</li> <li>• Observed the online tracking system for data collection on performance measures for safety and health.</li> <li>• Inspected the safety and health monitoring program that tracks and analyzes performance metrics related to health and safety, including psychological safety.</li> <li>• Inspected evidence to demonstrate the existence of monitoring and audit programs that track the performance of critical controls.</li> <li>• Inspected examples of health and safety incidents, investigations, and corrective actions implemented.</li> <li>• Inspected evidence to demonstrate that the facility performs reviews over controls in place alongside actions for continual improvement.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management at the</li> </ul>



		<p>facility on how metrics and objectives are set and tracked.</p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility on thresholds and triggers, critical controls, and corrective actions in place.</li> </ul>
6. Physical safety and health performance	AA	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected the internally reported performance measures tracked by the facility and comparison against peers.</li> <li>Inspected that health and safety performance targets and goals that are tracked by the facility, which includes leading and lagging indicators.</li> <li>Inspected evidence to demonstrate that senior management performs reviews over the facility's safe, healthy and respectful workplace targets and goals.</li> <li>Inspected that the publicly reported physical safety and health performance in its annual sustainability report is externally audited.</li> <li>Inspected external benchmarking by the company to its peers for health and safety performance.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to confirm how performance targets and results are tracked and compared to site performance and corporate performance.</li> <li>Conducted a sample of employee and contractor interviews to evidence that health and safety targets and performance results have been communicated to them.</li> </ul> <p><b>Onsite observations</b></p> <ul style="list-style-type: none"> <li>Observed that health and safety targets and performance results are posted around site for employee and contractor awareness.</li> </ul>
<b>Tailings Management</b>		
1. Tailings management policy and commitment	B	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected key guidelines, and mechanisms in place containing commitments related to tailings management of the Tailings Storage Facility (TSF) such as: <ul style="list-style-type: none"> <li>Operations, Maintenance, and Surveillance (OMS) Manual.</li> <li>Guidelines for implementing a tailings management system.</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>○ Standard for tailings management.</li> <li>• Inspected action plan to conduct an internal audit using the Table of Conformance (2022 version) in accordance with level A requirements of the TSM Tailings Management Protocol.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to evidence awareness of policies and commitments to tailings management.</li> <li>• Conducted interviews with a sample of employees and contractors to confirm awareness of tailings management policies, and roles and responsibilities.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>• An internal audit has not been conducted to satisfy level A of this indicator.</li> </ul>
<p>2. Assign accountability and responsibility for tailings management</p>	<p>B</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected a sample of key tailings management documents to confirm accountability, responsibilities and lines of communication have been assigned such as: <ul style="list-style-type: none"> <li>○ Operations, Maintenance, and Surveillance (OMS) Manual.</li> <li>○ Tailings Management Governance Guideline.</li> <li>○ Engineer of Record (EOR) appointment letter.</li> </ul> </li> <li>• Inspected action plan to conduct an internal audit using the Table of Conformance (2022 version) in accordance with level A requirements of the TSM Tailings Management Protocol.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management to confirm awareness and understanding of the tailings management system.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>• An internal audit has not been conducted to satisfy level A of this indicator.</li> </ul>
<p>3. Tailings management system and emergency preparedness</p>	<p>B</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected the OMS Manual which documents boundaries of the tailings management system and its relationship with other site-wide management systems such as:</li> </ul>



		<ul style="list-style-type: none"> <li>○ Water management.</li> <li>○ The emergency preparedness and response plan (EPRP)</li> <li>○ Risk management.</li> </ul> <ul style="list-style-type: none"> <li>● Inspected the EPRP, MERP, and Trigger Action Response Plan (TARP) in place which outlines actions to prepare for, prevent, and respond to upset or unusual conditions.</li> <li>● Inspected a sample of testing logs of emergency response scenarios conducted.</li> <li>● Inspected action plan to conduct an internal audit using the Table of Conformance (2022 version) in accordance with level A requirements of the TSM Tailings Management Protocol.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>● Conducted interviews with relevant members of management to confirm awareness and understanding of the tailings management system and components to respond to identified risks.</li> <li>● Conducted site interviews with emergency response management to confirm testing over the emergency response plan.</li> <li>● Conducted interviews with a sample of employees and contractors to confirm awareness of procedures to detect and respond to emergency situations or upset conditions at the tailings facility.</li> <li>● Conducted interviews with a sample of COI and confirmed engagement with emergency response planning.</li> </ul> <p><b>Site visit observations</b></p> <ul style="list-style-type: none"> <li>● Observed the implementation of key controls such as water level meters, and monitoring of waste rock and tailings deposition rates to detect and prevent upset conditions.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>● An internal audit has not been conducted to satisfy level A of this indicator.</li> </ul>
4. OMS manual	B	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>● Inspected the OMS Manual which documents the roles, responsibilities, plans and procedures in place for the operation, maintenance and surveillance of the facility Tailings Impoundment Area (TIA).</li> <li>● Inspected action plan to conduct an internal audit using the Table of Conformance (2022 version) in accordance with level A requirements of the TSM Tailings Management Protocol.</li> </ul>



		<p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to confirm awareness and understanding of OMS manual and its documented procedures and key controls.</li> </ul> <p><b>Site visit observations</b></p> <ul style="list-style-type: none"> <li>Observed the implementation of controls, and tailings management procedures as outlined in the OMS manual.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>An internal audit has not been conducted to satisfy level A of this indicator.</li> </ul>
5. Annual tailings management review	B	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected a sample of key tailings management documents to confirm that periodic reviews of tailings management are conducted and documented: <ul style="list-style-type: none"> <li>Dam Safety Reviews</li> <li>Independent Tailings Review Board reports.</li> <li>Tailings steering committee meeting minutes.</li> <li>Tailings Management Governance Guideline.</li> </ul> </li> <li>Inspected action plan to conduct an internal audit using the Table of Conformance (2022 version) in accordance with level A requirements of the TSM Tailings Management Protocol.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management to understand processes in place to review tailings management performance by individuals charged with responsibility for the safety and integrity of the tailings facility.</li> </ul> <p><b>Identified gap to achieve level A</b></p> <ul style="list-style-type: none"> <li>An internal audit has not been conducted to satisfy level A of this indicator.</li> </ul>
<b>Water stewardship</b>		
1. Water governance	A	<p><b>Types of documents reviewed</b></p>



		<ul style="list-style-type: none"> <li>Inspected water policies and governance frameworks to assess the underlying information to support alignment with the TSM Water Stewardship Framework.</li> <li>Inspected relevant water management policies and documents demonstrating roles, responsibilities, and accountabilities.</li> <li>Inspected internal assessments and reports produced on water management practices, including consideration of water risk and opportunities being incorporated in business planning.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to obtain an understanding of the overall governance and internal control environment, risk management, and stakeholder engagement processes related to water stewardship.</li> <li>Conducted interviews with a sample of employees and contractors to observe their awareness of policies and procedures in place to govern water stewardship.</li> </ul>
2. Operational water management	A	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>Inspected the risk register and noted the inclusion of water-related risks and mitigation strategies.</li> <li>Inspected the site-level water balance model and monitoring programs.</li> <li>Inspected a sample of records related to water quality monitoring, non-compliance tracking, and reports provided to relevant COI.</li> <li>Inspected procedures that outline critical controls related to water quality.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>Conducted interviews with relevant members of management at the facility to confirm the implementation of operational procedures and controls in place to manage and monitor water performance.</li> <li>Conducted interviews with relevant members of management at the facility to obtain an understanding of how non-conformances associated with controls implemented at the site are detected through surveillance, logged, and corrected.</li> </ul> <p><b>Site visit observations</b></p> <ul style="list-style-type: none"> <li>Observed a sample of wells that are used to obtain samples for monitoring and water treatment facilities while on site.</li> </ul>



3. Watershed-scale planning	AAA	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"><li>• Inspected risk assessments, plans and regulatory reports to demonstrate that the scope of impact and operations on the watershed have been considered, risks and opportunities have been prioritized, and the watershed has been mapped.</li><li>• Inspected water management plans, which clearly outline roles and responsibilities as it relates to water stewardship.</li><li>• Inspected evidence to confirm the facility's engagement with COI related to the tracking of watershed goals.</li><li>• Inspected results of the internal audit conducted over Newmont's Water Management Standard.</li></ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"><li>• Conducted interviews with relevant members of management at the facility to gain an understanding of the engagement processes with relevant COI over water management practices and addressing priority risks and opportunities.</li><li>• Conducted interviews with a sample of COI to confirm they have been engaged in topics of water management and watershed governance.</li></ul>
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<p>4. Water reporting and performance</p>	<p>A</p>	<p><b>Types of documents reviewed</b></p> <ul style="list-style-type: none"> <li>• Inspected samples of water-related monitoring data and the associated reports provided to senior management and to COI, to confirm if water-related targets are being met or not.</li> <li>• Inspected plans and corrective actions to reach targets and objectives at the site level.</li> <li>• Inspected response documents from stakeholders on targets and objectives over water reporting.</li> <li>• Inspected feedback channels open for COI to provide feedback on water reporting.</li> <li>• Inspected risk assessments related to water stewardship and confirmed that COI feedback was actively sought, including from impacted Indigenous COI.</li> </ul> <p><b>Interviews conducted</b></p> <ul style="list-style-type: none"> <li>• Conducted interviews with relevant members of management at the facility to gain an understanding of water performance and reporting, including for objectives and targets established.</li> <li>• Conducted interviews with a sample of COI and confirmed that COI have sufficient channels to provide feedback to the facility on topics that are material to them.</li> </ul>
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Conclusion	
<b>The external verification was conducted in accordance with the Terms of Reference for Verifiers and, accordingly, consisted primarily of interviews, data analysis, and examination (on a sample basis) of other evidence relevant to management’s assertion of conformance to the requirements of the TSM performance indicators.</b>	<p>The external verification was conducted in accordance with the <i>TSM Verifier Terms of Reference</i>.</p> <p>The limited assurance engagement was conducted in accordance with ISAE 3000 (Revised) and considering the following guidance:</p> <ul style="list-style-type: none"><li>• TSM Verifier Terms of Reference</li></ul>
<b>The scores indicated in this report are verified as being accurate based on the evidence reviewed during the external verification of this facility.</b>	Please refer to the conclusion in the ISAE 3000 (Revised) Limited Assurance Report
<b>Limitations</b>	See Assurance Report “Inherent limitations”
<b>Additional comments</b>	N/A
<b>Has an additional assurance statement been provided by the verifier?</b>	No
<b>Name of lead verifier</b>	PricewaterhouseCoopers Australia
<b>Date of statement of verification</b>	9 April 2026
<b>Signature of lead verifier</b>	See signature at the bottom of the Assurance Report

