

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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**

<p><b>1a</b> Name of plan <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC MAIN PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</u></p> <p><u>833 W LINCOLN HIGHWAY</u> <u>STE 200E</u> <u>SCHERERVILLE, IN 46375</u></p>	<p><b>1c</b> Effective date of plan <u>12/09/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>85-3613331</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>251-225-5975</u></p> <p><b>2d</b> Business code (see instructions) <u>331110</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/03/2025	MAXINE STANKICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	53
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	45
	<b>6a(2)</b>	43
	<b>6b</b>	4
	<b>6c</b>	2
	<b>6d</b>	49
	<b>6e</b>	0
	<b>6f</b>	49
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC MAIN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>85-3613331</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>19388452</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>20967266</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5</u>	<u>1734320</u>
	<b>b</b> For terminated vested participants .....	<u>3</u>	<u>103894</u>
	<b>c</b> For active participants .....	<u>45</u>	<u>18848465</u>
	<b>d</b> Total .....	<u>53</u>	<u>20686679</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.05 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>523111</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>166000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>689111</u>

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

<b>SIGN HERE</b>  <u>AARON SEILER</u> Signature of actuary  <u>FIDELITY INVESTMENTS</u> Firm name  <u>6501 S FIDDLER'S GREEN CIRCLE</u> <u>GREENWOOD VILLAGE, CO 80111</u> Address of the firm	<u>09/12/2025</u> Date  <u>23-08165</u> Most recent enrollment number  <u>312-529-2314</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.33 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	101.33 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	105.85 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/05/2025	449000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	449000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	413401

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 67
<b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>			
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>26</b> Demographic and benefit information			
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	689111	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	276421	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	412690	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	412690	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	413401	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	711	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC MAIN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>85-3613331</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ARCELORMITTAL DEFINED BENEFIT PL MT</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>85-3613331-100</u>	<u>M</u>	<u>19222864</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	





<b>SCHEDULE I</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information—Small Plan</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC MAIN PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>85-3613331</b>

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>			
<b>a</b> Total plan assets .....	<b>1a</b>	19373567	19222864
<b>b</b> Total plan liabilities .....	<b>1b</b>		
<b>c</b> Net plan assets (subtract line 1b from line 1a) .....	<b>1c</b>	19373567	19222864
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable:			
<b>(1)</b> Employers .....	<b>2a(1)</b>		
<b>(2)</b> Participants .....	<b>2a(2)</b>		
<b>(3)</b> Others (including rollovers) .....	<b>2a(3)</b>		
<b>b</b> Noncash contributions .....	<b>2b</b>		
<b>c</b> Other income .....	<b>2c</b>	442964	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) .....	<b>2d</b>		442964
<b>e</b> Benefits paid (including direct rollovers) .....	<b>2e</b>	392574	
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Administrative service providers (salaries, fees, and commissions) .....	<b>2h</b>		
<b>i</b> Other expenses .....	<b>2i</b>	201093	
<b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) .....	<b>2j</b>		593667
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>2k</b>		-150703
<b>l</b> Transfers to (from) the plan (see instructions) .....	<b>2l</b>		

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
<b>a</b> Partnership/joint venture interests .....	<b>3a</b>		X	
<b>b</b> Employer real property .....	<b>3b</b>		X	
<b>c</b> Real estate (other than employer real property) .....	<b>3c</b>		X	
<b>d</b> Employer securities .....	<b>3d</b>		X	
<b>e</b> Participant loans .....	<b>3e</b>		X	
<b>f</b> Loans (other than to participants) .....	<b>3f</b>		X	
<b>g</b> Tangible personal property .....	<b>3g</b>		X	

<b>Part II</b>	<b>Compliance Questions</b>
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		Yes	No	Amount
<b>4</b> During the plan year:				
<b>a</b> 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.) .....	<b>4a</b>		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....	<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....	<b>4d</b>		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	<b>4e</b>	X		75000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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? .....	<b>4h</b>		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....	<b>4i</b>		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4j</b>		X	
<b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> 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 .....	<b>4n</b>			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  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 550319.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC MAIN PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ARCELORMITTAL SALES &amp; ADMINISTRATION LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>85-3613331</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-3275867

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

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

3	2
---	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

2024 Form 5500 Schedule SB Attachments

Schedule SB, Line 26 - Schedule of Active Participants Data

ArcelorMittal Sales & Administration LLC Main Pension Plan

EIN: 85-3613331

PN: 001

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2024

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	2	0	0	0	0	2
50-54	0	0	0	0	0	2	1	1	1	0	5
55-59	0	0	0	0	0	4	1	3	0	0	8
60-64	0	0	0	0	0	3	1	3	2	4	13
65-69	0	0	0	0	0	1	0	3	3	6	13
Over 69	0	0	0	0	0	1	0	0	0	3	4
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>3</b>	<b>10</b>	<b>6</b>	<b>13</b>	<b>45</b>

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods**

**ERISA Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		2023 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

**Interest Rate for Lump Sum Payments:** PPA Funding Target interest rates (per above) applied for funding purposes as required by IRC Section 430

**Interest crediting rates for cash balance participants:** 5.00% (previously 5.00%) based on 1-year Treasury Rate as of last day of the prior calendar year, subject to minimum of 5.00%. As of December 29, 2023, the 1-year Treasury Rate was 4.79%

**Expected Long-Term Return on Plan Assets:** 4.80% (previously 4.50%)

**Salary Scale:** 2.50%. This is a long-term assumption based on the Taxable Wage Base (TWB) assumption, increased by a merit component of 0.50%.

**Increase in Consumer Price Index (CPI):** 2.00%

**Increase in Social Security Taxable Wage Base:** 2.00%

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods** (continued)

**Administrative Expenses:** Estimated based on the non-investment related administrative expenses paid from the Trust in the prior year plus estimated PBGC premiums for the current year.

**Mortality:**

IRS 2024 Small Plan Combined Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430 (previously IRS 2023 Static Optional Mortality Table for Small Plans using combined tables for annuitants and non-annuitants) This plan does not have a large enough population to vary from the standard tables.

**Retirement Rates:**

- Terminated Vested Participants: 100% assumed at age 62
- Active Participants: Rates varying by age. Rates are based on the assumptions of the prior actuary for the predecessor plan. Rates are as follows:

<b>Age</b>	<b>Rate</b>
48 – 61	5.00%
62 – 64	10.00%
65 – 66	15.00%
67 – 69	10.00%
70+	100.00%

**Termination:** Rates varying by age. Rates are based on the assumptions of the prior actuary for the predecessor plan. Sample rates are as follows:

<b>Age</b>	<b>Rate</b>
20	6.13%
25	5.01%
30	3.78%
35	2.77%
40	1.96%
45	1.37%
50	0.95%
55+	0.77%

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods** (continued)

**Disability:** Rates varying by age and gender. Rates are based on the assumptions of the prior actuary for the predecessor plan. Sample rates are as follows:

<b>Age</b>	<b>Male</b>	<b>Female</b>
20	0.019%	0.019%
25	0.019%	0.019%
30	0.019%	0.026%
35	0.026%	0.045%
40	0.051%	0.083%
45	0.102%	0.154%
50	0.211%	0.256%
55	0.442%	0.410%
60	0.736%	0.576%
65	1.050%	0.698%

**Marital Status:** 80% of males and 40% of females are assumed married, with females 3 years younger than males. Based on the assumptions of the prior actuary for the predecessor plan.

**Maximum Benefit:** \$275,000 for 2024.

**Maximum Salary:** \$345,000 for 2024.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods** (continued)

**Form of Payment:**

*Salaried Participants*

- Male:
  - 83% elect Single Life Annuity
  - 17% elect 50% Joint & Survivor Annuity
- Female:
  - 92% elect Single Life Annuity
  - 8% elect 50% Joint & Survivor Annuity

*PRA Participants*

- Male:
  - 47% elect Lump Sum
  - 32% elect Single Life Annuity
  - 4% elect 100% Joint & Survivor Annuity
  - 17% elect 50% Joint & Survivor Annuity
- Female:
  - 54% elect Lump Sum
  - 36% elect Single Life Annuity
  - 2% elect 100% Joint & Survivor Annuity
  - 8% elect 50% Joint & Survivor Annuity

To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated

**Decrement Timing:** Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

**Data Assumptions:** Active participants with missing salary information were valued using the average salary for all Active participants.

**O&T Transfer Participants:** For participants who have earned a benefit under both the Pension Plan for Hourly and Bargaining Unit Employees of ArcelorMittal USA Research LLC (“BU”) and the PRA Supplement to the ArcelorMittal Sales & Administration LLC Main Pension Plan (“PRA”), their benefit is being valued under the respective plan liability. For PRA, service earned prior to the date of transfer, October 1, 2001, is being valued under the PRA plan.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods** (continued)

**Actuarial Value of Plan Assets for Funding Purposes:**

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 5.90%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Assumptions and Methods

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Actuarial Assumptions and Methods** (continued)

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

**Disclosure of Reliance on Models**

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan  
ARCELORMITTAL SALES & ADMINISTRATION LLC MAIN PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
ARCELORMITTAL SALES & ADMINISTRATION LLC

**D** Employer Identification Number (EIN)  
85-3613331

**E** Type of plan:  Single  Multiple-A  Multiple-B  Other **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

**2** Assets:

<b>a</b> Market value .....	<b>2a</b>	<u>19,388,452</u>
<b>b</b> Actuarial value .....	<b>2b</b>	<u>20,967,266</u>

**3** Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>5</u>	<u>1,734,320</u>	<u>1,734,320</u>
<b>b</b> For terminated vested participants .....	<u>3</u>	<u>103,894</u>	<u>103,894</u>
<b>c</b> For active participants .....	<u>45</u>	<u>18,848,465</u>	<u>18,852,631</u>
<b>d</b> Total .....	<u>53</u>	<u>20,686,679</u>	<u>20,690,845</u>

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

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	

**5** Effective interest rate..... **5** 5.05%

**6** Target normal cost

<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>523,111</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>166,000</u>
<b>c</b> Target normal cost .....	<b>6c</b>	<u>689,111</u>

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

Aaron Seiler

Type or print name of actuary

Fidelity Investments

Firm name

6501 S FIDDLER'S GREEN CIRCLE

GREENWOOD VILLAGE CO 80111

Address of the firm

9/12/2025

Date

2308165

Most recent enrollment number

312-529-2314

Telephone number (including area code)

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**

<b>Part II</b> Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b> Funding Percentages		
<b>14</b> Funding target attainment percentage .....	<b>14</b>	101.33 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	101.33 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	105.85 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
09/05/2025	449,000	0				
<b>Totals ▶</b>			<b>18(b)</b>	449,000	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	413,401

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4

**22** Weighted average retirement age ..... **22** 67

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	689,111
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	276,421

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

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

**33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 412,690

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			412,690
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			413,401

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	711
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

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

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

**2024 Form 5500 Schedule SB Attachments**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

**ArcelorMittal Sales & Administration LLC Main Pension Plan  
 EIN: 85-3613331  
 PN: 001**

<b>(1) Age</b>	<b>(2) Expected Active Headcount</b>	<b>(3) Retirement Rate</b>	<b>(4) Expected Retirements (2)*(3)</b>	<b>(5) Weighted Age (1)*(4)</b>
48	1.9567	0.0497	0.0972	4.6642
49	1.8337	0.0497	0.0911	4.463
50	1.7191	0.0497	0.0854	4.2705
51	1.6124	0.0497	0.0801	4.0855
52	1.5123	0.0497	0.0751	3.9077
53	3.4189	0.0497	0.1699	9.0027
54	5.2069	0.0497	0.2587	13.9672
55	6.8823	0.0497	0.3417	18.7955
56	7.4479	0.0496	0.3696	20.7003
57	6.9713	0.0496	0.3458	19.7128
58	8.5193	0.0496	0.4224	24.4995
59	9.9583	0.0496	0.4935	29.1142
60	13.2915	0.0495	0.6582	39.4919
61	14.3851	0.0495	0.7120	43.4298
62	16.3894	0.0989	1.6209	100.4985
63	17.4273	0.0988	1.7221	108.4926
64	16.3143	0.0987	1.6109	103.0982
65	18.3145	0.1481	2.7117	176.2609
66	18.1665	0.1480	2.6883	177.4294
67	18.0274	0.0986	1.7775	119.0957
68	18.7726	0.0985	1.8499	125.7961
69	17.4052	0.0985	1.7142	118.2768
70	18.1917	1.0000	18.1917	1273.4181
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
<b>Total</b>			<b>40.0880</b>	<b>2,687.4712</b>

**Weighted Average Retirement Age = 2,687.4712 / 40.0880 = 67.04**

**Rounded Weighted Average Retirement Age = 67**

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions**

**Name of Plan:** ArcelorMittal Sales & Administration LLC Main Pension Plan

**Employer Identification Number / Plan Number:** 85-3613331/001.

**Effective Date:** December 9, 2020

**Plan Year:** January 1 to December 31.

*Personal Retirement Account (“PRA”) Supplement*

**Covered Employees:** Any salaried individual who is employed by the Employer and previously covered under the Former Plan.

**Participation Date:** Based on entry date under the Former Plan. Employees hired after January 1, 2003 are not eligible to participate in the plan.

**Definitions:**

*Vesting service:* Employees will earn one year of vesting service for each full year and 1/12 of a year of vesting service is credited for each month or fraction of a month until separation from employment.

*Benefit service:* Employees will earn one year of benefit service for each full year and 1/12 of a year of vesting service is credited for each month or fraction of a month until separation from employment.

*Pensionable pay:* Wages, Salary, and other amounts included in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions.

*Cash balance account:* The participant’s account credited with Contribution Credits and Interest Credits.

*Contribution Credit:* A percentage of quarterly pensionable pay, determined by years of vesting service as of the last day of the prior plan year, credited to a participant’s Cash Balance Account in each quarter.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

Plan Provisions (continued)

Vesting Service (as of 12/31 of prior year)	Contribution Credit
Less than 5 years	5.00%
At least 5 years but less than 10	6.00%
At least 10 years but less than 15	7.00%
At least 15 years	8.00%

*Interest Credit:* Amount determined by multiplying the 1-Year Treasury Constant Maturities bond as of the last day of the prior plan year, but no less than 5.00%, by the balance of the participant's Cash Balance Account at the end of each quarter.

*Normal retirement date (NRD):* The first day of the month coincident with or next following a Participant's 65th birthday.

*Enhanced frozen benefit:* A Participant's enhanced frozen benefit is the greater of the following:

- Frozen December 31, 1998 accrued benefit plus \$56.25 multiplied by Benefit Service, up to 30 years, through July 31, 2003, plus \$75.00 multiplied by Benefit Service, in excess of 30 years, through July 31, 2003
- \$56.25 multiplied by Benefit Service, up to 30 years, through July 31, 2003, plus \$75.00 multiplied by Benefit Service, in excess of 30 years, through July 31, 2003

*Temporary Supplement Benefit:* The supplement is equal to the lesser of 1.4% of monthly base pay multiplied by Benefit Service, or the Age 62 Social Security payable until age 62, or for 12 months if later. The participant must have 5 years of service as of January 1, 1999 to be eligible.

*Actuarial Equivalent:* For determining an optional annuity form of payment:

- Interest – 7% per annum
- Mortality – 1983 GAM mortality table blended 90% male and 10% female (10% male and 90% female for beneficiaries)

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

**Eligibility for Benefits:**

*Normal and Late retirement:* Termination of employment on or after the NRD.

*Early retirement:* 3 Years of Vesting Service.

*Deferred vested retirement:* 3 Years of Vesting Service.

*Pre-retirement spouse benefit:* Participant has a Cash Balance Account.

*Post-retirement spouse benefit:* 15 Years of Vesting Service as of January 1, 1999 and obtaining Age 65 and 5 Years of Vesting Service, Age 55 and 10 Years of Vesting Service, or 30 Years of Vesting Service. Participant must be married to spouse at both termination and retirement.

**Monthly Benefits Paid Upon the Following Events:**

*Normal or Late retirement:* Greater of the Cash Balance Account and the Enhanced Frozen Benefit plus Temporary Supplement, if eligible.

*Early retirement:* Greater of the Cash Balance Account and the Enhanced Frozen Benefit plus Temporary Supplement, if eligible.

*Deferred vested retirement:* Greater of the Cash Balance Account and the Enhanced Frozen Benefit.

*Pre-retirement spouse benefit:* Cash Balance Account.

*Post-retirement death surviving spouse benefit:* If Spouse is under age 60, the Surviving Spouse benefit equals \$205.00 per month, or 50% of the PRA Frozen Benefit plus \$50.00, if greater. When the spouse is over age 60, the Surviving Spouse benefit equals \$155.00 per month, or 50% of the PRA Frozen Benefit less 50% of the Social Security Widower's monthly benefit, if greater.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

**Forms of Payment:**

*Normal form (single participants):* Single life annuity.

*Normal form (married participants):* Automatic 50% joint and survivor annuity with spouse as beneficiary.

*Optional forms:* Participants who retire under the plan may elect a single life annuity, lump sum, or either 50%, 75%, or 100% joint & survivor annuity options.

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Future Plan Changes:** No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

*Salaried Employees (“PRA”) Supplement*

**Covered Employees:** Any salaried individual who is employed by the Employer and previously covered under the Former Plan.

**Participation Date:** Based on entry date under the Former Plan. Employees hired after January 1, 1999 are not eligible to participate in the plan.

**Definitions:**

*Vesting service:* Employees will earn one year of vesting service for each full year and 1/12 of a year of vesting service is credited for each month or fraction of a month until separation from employment.

*Benefit service:* Employees will earn one year of benefit service for each full year and 1/12 of a year of vesting service is credited for each month or fraction of a month until separation from employment.

*Pensionable pay:* Wages, Salary, and other amounts included in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions.

*Average monthly earnings:* Highest 36 consecutive months of pensionable pay during the last 10 years prior to retirement.

*Normal retirement date (NRD):* The first day of the month coincident with or next following a Participant’s 65th birthday.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

*Regular monthly pension benefit:* A Participant's Regular Monthly Pension Benefit is the greater of the following:

- (a) "Percent Pension" is Average Monthly Earnings times (1) plus (2) plus (3)
  1. 1.30% for each year of Benefit Service as of January 1, 1994
  2. 1.155% for each year of Benefit Service after January 1, 1994, up to 30 years
  3. 1.26% for each year of Benefit Service after January 1, 1994, in excess of 30 years
- (b) "Minimum Pension" is (1) plus (2)
  1. \$56.25 for each year of Benefit Service up to 30 years through July 31, 2004 plus \$75.00 for each year of Benefit Service in excess of 30 years through July 31, 2004
  2. \$42.00 for each year of Benefit Service after July 31, 2004
- (c) "1.7% Pension" is (1) minus (2) plus (3)
  1. 1.7% of final Average Monthly Earnings for each year of Benefit Service up to 35 years
  2. 0.5% of final Average Monthly Earnings up to Social Security Covered Compensation for each year of Benefit Service up to 35 years
  3. 1.0% of Average Monthly Earnings for each year of Benefit Service in excess of 35 years

*Actuarial Equivalent:* For determining an optional annuity form of payment:

- Interest – 7% per annum
- Mortality – 1983 GAM mortality table blended 90% male and 10% female (10% male and 90% female for beneficiaries)

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

**Eligibility for Benefits:**

*Normal and Late retirement:* Termination of employment on or after the NRD.

*Early retirement:* 30 years of Vesting Service.

*Deferred vested retirement:* 5 Years of Vesting Service.

*Permanent incapacity retirement:* 15 Years of Vesting Service upon total and permanent disability.

*Pre-retirement spouse benefit:* 5 Years of Vesting Service.

*Post-retirement spouse benefit:* 15 Years of Vesting Service.

2024 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Plan Provisions

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

**Plan Provisions** (continued)

**Monthly Benefits Paid Upon the Following Events:**

*Normal or Late retirement:* Regular monthly pension benefit.

*Early retirement:* Regular monthly pension benefit.

*Deferred vested retirement:* Regular monthly pension benefit reducing beginning at age 55, depending on age and service at termination.

*Permanent incapacity retirement:* Regular Monthly Pension Benefit.

*Pre-retirement spouse benefit:* 50% of Regular Monthly Benefit reduced for joint and survivor option. This is further reduced by Surviving Spouse Benefit payable.

*Post-retirement death surviving spouse benefit:* If Spouse is under age 60, the Surviving Spouse benefit equals \$205.00 per month, or 50% of the Regular Monthly Pension Benefit plus \$50.00, if greater. When the spouse is over age 60, the Surviving Spouse benefit equals \$155.00 per month, or 50% of the Regular Monthly Pension Benefit less 50% of the Social Security Widower's monthly benefit, if greater.

**Forms of Payment:**

*Normal form (single participants):* Single life annuity.

*Normal form (married participants):* Automatic 50% joint and survivor annuity with spouse as beneficiary.

*Optional forms:* Participants who retire under the plan may elect a single life annuity, automatic 50% or 75% joint & survivor spouse option annuity, or either the 50% or 100% co-pensioner annuity options.

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**Future Plan Changes:** No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

2024 Form 5500 Schedule R Attachments

Schedule R, Line 18 – Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

ArcelorMittal Sales & Administration LLC Main Pension Plan  
EIN: 85-3613331  
PN: 001

Plan Name	Pension Plan for Hourly and Bargaining Unit Employees of Arcelor Mittal USA Research LLC	ArcelorMittal Sales & Administration LLC Main Pension Plan
EIN	85-3613331	85-3613331
PN	002	001
12/31/2023 Funded Percentage <sup>1</sup>	134.54%	105.85%

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<sup>1</sup> Funding target attainment percentage for the 2023 plan year