Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1950

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

200 PUBLIC SQUARE
SUITE 3300
CLEVELAND, OH 44114-2315

2b Employer Identification Number (EIN) 71-0871875

2c Plan Sponsor's telephone number 216-694-5505

2d Business code (see instructions) 331110

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

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

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

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

5	Total number of participants at the beginning of the plan year	**5**	10492
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	738
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1C 3F 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1997904951
b Actuarial value	**2b**	1997904951

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9553	1842355932	1842355932
b For terminated vested participants	558	40471564	40471564
c For active participants	738	242506759	264050078
d Total	10849	2125334255	2146877574

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

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

5 Effective interest rate	**5**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	7414327
b Expected plan-related expenses	**6b**	10519533
c Target normal cost	**6c**	17933860

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

09/28/2026
Date

CYNTHIA M BROWN
Type or print name of actuary

26-07656
Most recent enrollment number

WILLIS TOWER WATSON US LLC
Firm name

312-525-2251
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.70 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		79247
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.01 %		3970
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		83217
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.06 %
15	Adjusted funding target attainment percentage	15	93.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	8000000	0			
07/15/2025	7450000	0			
10/15/2025	7725000	0			
01/15/2026	7725000	0			
09/15/2026	4860000	0			
			Totals ► 18(b)	35760000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	34310193

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	17933860
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	148972623	16372758
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**	34306618

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

36 Additional cash requirement (line 34 minus line 35)	**36**	34306618
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34310193
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3575
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	1953525	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARES PATHFINDER

84-3564706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	602513	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72 15 28		378035	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	239108	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TPG ANGELO GORDON

245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	176400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PRUDENTIAL INS CO OF AMERICA

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	167009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

UBS REALTY INVESTORS

10 STATE HOUSE SQUARE, 12TH FLOOR
HARTFORD, CT 06103-3604

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	152276	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS TRUST

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	96074	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIMCO TACTICAL OPPORTUNITY OFFSHORE

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	82997	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

OCM OPPORTUNITIES FUND IX LP

333 SOUTH GRAND AVENUE 28TH FLOOR
LOS ANGELES, CA 90071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	55419	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VEDDER PRICE PC

36-3254526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29		30063	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEADEN & MOORE

34-1818258

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEVELAND-CLIFFS STEEL LLC PEN TRST

b Name of sponsor of entity listed in (a): CLEVELAND-CLIFFS STEEL LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0871875-201	M	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14825000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1983286008	
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1998111008	
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1998111008	

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	35760000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		35760000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		250390185
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		286150185
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222590226	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		222590226
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18500	
(5) Investment advisory and investment management fees	2i(5)	1563268	
(6) Bank or trust company trustee/custodial fees	2i(6)	378035	
(7) Actuarial fees	2i(7)	1953525	
(8) Legal fees	2i(8)	30063	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7165535	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11108926
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		233699152
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		52451033
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2050562041

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MEADEN & MOORE, LTD. **(2)** EIN: 34-1818258

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
CLEVELAND-CLIFFS COMBINED PENSION PLAN	31-1267098	003

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 584657.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

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

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): 13-5156023

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** | 22

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 38.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.0 %
High-Yield Debt: 12.0 % Real Assets: 13.0 % Cash or Cash Equivalents: 4.0 % Other: 11.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

CLEVELAND-CLIFFS
STEEL LLC PENSION PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2025

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MEADEN & MOORE

INDEPENDENT AUDITOR'S REPORT

To the Participants and the Plan Administrator for the
Cleveland-Cliffs Steel LLC Pension Plan
Cleveland, Ohio

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

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

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

Management has obtained certifications from a qualified institution, The Bank of New York Mellon/BNY, N.A., as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Meaden & Moore, Ltd.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 13, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Cleveland-Cliffs Steel LLC Pension Plan

	(In Thousands)	
	Year Ended December 31,	
	2025	2024
ASSETS		
Investments, at fair value		
Plan interest in Cleveland-Cliffs Steel LLC Master Pension Trust	**$ —**	$ 1,983,286
Contribution receivable from employer	**—**	14,825
Total Assets	**—**	1,998,111
LIABILITIES	**—**	—
NET ASSETS AVAILABLE FOR BENEFITS	**$ —**	$ 1,998,111

See accompanying notes.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Cleveland-Cliffs Steel LLC Pension Plan

	(In Thousands)	
	Year Ended December 31,	
	2025	2024
Plan interest in Cleveland-Cliffs Steel LLC Master Pension Trust net investment income	**$ 250,389**	$ 117,067
Employer contributions	**35,760**	42,276
Benefits paid	**(222,590)**	(224,660)
Expenses	**(11,108)**	(16,654)
NET INCREASE (DECREASE) IN NET ASSETS PRIOR TO TRANSFERS	**52,451**	(81,971)
Plan asset transfers	**(2,050,562)**	—
NET DECREASE IN NET ASSETS AFTER TRANSFERS	**(1,998,111)**	(81,971)
Net assets available for benefits:		
Beginning of Year	**1,998,111**	2,080,082
End of Year	**$ —**	$ 1,998,111

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Cleveland-Cliffs Steel LLC Pension Plan

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cleveland-Cliffs Steel LLC Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for more complete information regarding the Plan's provisions.

GENERAL

The Plan is a defined benefit plan that provides benefits to eligible employees of Cleveland-Cliffs Steel LLC and certain of its subsidiaries (together, the "Company"). The Plan is administered by the Cleveland-Cliffs Inc. Investment Committee and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As of January 1, 2003, no salaried employee hired after such date is eligible to participate in the Plan. Benefits for certain participating employees are provided pursuant to agreements between the Company and the United Steelworkers ("USW") and certain other unions. The latest USW labor agreement was ratified on October 12, 2022 and is for a four-year term for the period from September 1, 2022 through September 1, 2026. The prior USW labor agreement was in effect from September 1, 2018 to September 1, 2022. The new agreement increases pension multipliers for hourly employees effective January 1, 2023 and renewed other provisions. This main agreement and others are collectively referred to as the Labor Agreement herein. The Plan and its benefits remain in effect for the current employees under the Labor Agreement; however, no employee hired after November 13, 2005, who is covered under the Labor Agreement, is eligible to participate in the Plan.

Effective December 31, 2025, the Plan merged into the Cleveland-Cliffs Combined Pension Plan (the "Combined Plan"). The Plan became a component of the Combined Plan and ceases to exist as a separate plan. On December 31, 2025, $2,050,562 thousand of the Plan assets transferred to the Combined Plan. The transferred assets will remain in the Cleveland-Cliffs Steel LLC Master Pension Trust (the "CCSL Master Trust"), for which The Bank of New York Mellon/BNY, N.A. serves as the trustee (the "Trustee").

PENSION BENEFITS

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. For certain salaried employees, regular pension benefits are equal to the greater of (1) a percentage of average monthly earnings multiplied by eligible years of continuous service or (2) eligible years of continuous service multiplied by specified fixed dollar amounts. For wage and bargaining unit employees covered under the Labor Agreement and the USW, regular pension benefits are based on eligible years of continuous service multiplied by specified fixed dollar amounts. Pension benefits are provided to participants under several types of retirement options based on years of continuous service and age and, in some instances, disability or termination of employment through job elimination.

The Plan provides that pension benefits for nearly all of the Company’s non-represented salaried employees hired before January 1, 2003 be determined using a “cash balance” arrangement (the PRA supplement). For each covered employee, a notional account is credited each quarter with interest and a percentage of pay. The accrued benefit payable to a covered employee at termination of employment is the greater of the enhanced frozen benefit (i.e., the accrued salaried benefit as of December 31, 1998, as calculated under the Plan’s former benefit formula, “enhanced” by adding benefit accruals based on service through July 31, 2004, multiplied by a fixed dollar rate), or the actuarial equivalent of the PRA supplement account. Upon termination of employment, the benefit is payable in the form of either an annuity or lump-sum payment.

Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities. A lump-sum payment option is available to participants in the PRA supplement.

INVESTMENT OPTIONS

The assets of the Plan, held by the Trustee, are invested in the CCSL Master Trust") based on investment objectives established by the Cleveland-Cliffs Inc. Investment Committee ("Investment Committee"). Willis Towers Watson US LLC serves as the investment advisor to the Investment Committee.

CONTRIBUTIONS AND FUNDING

Contributions to provide benefits under the Plan are made solely by the Company. Based on the Plan's minimum funding requirements due under ERISA for the 2025 and 2024 plan years, the Company made contributions of $35,760 thousand and $42,276 thousand, respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Plan's transactions are reported on the accrual basis of accounting.

Certain prior-year amounts have been reclassified to conform to the current-year presentation. These reclassifications had no effect on Net Assets Available for Benefits or on the Changes in Net Assets Available for Benefits as previously reported.

USE OF ESTIMATES

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

VALUATION OF INVESTMENTS

Investments held by the CCSL Master Trust are stated at fair value as reported by the Trustee. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued as earned and dividend income is recorded as of the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held during the year.

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of the Plan's accumulated benefits is determined using the projected unit of credit method and is comprised of those estimated future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated benefits under the Plan include benefits expected to be paid to retired and terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment are included to the extent they are considered attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated benefits under the Plan is determined by an independent consulting actuary and results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

RISKS AND UNCERTAINTIES

Effective December 31, 2025, the Plan was merged into the Cleveland-Cliffs Combined Pension Plan. Accordingly, future changes in investment values, actuarial assumptions, and funding requirements will be reflected in the successor plan and not in this Plan.

EXPENSES

Certain expenses such as Pension Benefit Guaranty Corporation ("PBGC") premiums, trustee fees, actuarial fees, audit fees and other expenses are paid by the Plan. Expenses associated with salaries and the use of facilities are paid by the Company.

SUBSEQUENT EVENTS

Management evaluates events occurring subsequent to year end in determining the accounting for and disclosure of transactions and events that affect the financial statements. On June 1, 2026, the Company entered into a new trust agreement with The Northern Trust Company to serve as trustee for the Plan.

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

PLAN TERMINATION & PBGC MATTERS

Effective December 31, 2025, the Plan was merged into the Cleveland-Cliffs Combined Pension Plan, and all assets and benefit obligations were transferred to the successor plan. Accordingly, the Plan ceased to exist as a separate plan. Participants' accrued benefits were transferred to and became obligations of the successor plan. Any matters relating to future plan amendments, funding, termination, or PBGC coverage are the responsibility of the successor plan.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution.

NOTE 3 - TAX STATUS

The Internal Revenue Service has determined and informed the Company by letter, dated February 22, 2021, that the Plan and related CCSL Master Trust are designed in accordance with applicable sections of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan was amended to appoint the Employee Benefits Administration Department of the Company as the plan administrator (the "Plan Administrator"). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2025, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTE 4 - MASTER TRUST

The Plan's investment assets are held in a trust account at the Trustee and consist of an interest in an investment account of the CCSL Master Trust, a master trust established by the Company and administered by the Trustee. Use of the CCSL Master Trust allows for the commingling of trust assets with the assets of the Cleveland-Cliffs Steel LLC Pension Plan, the Retiree Pension Plan, and the Cleveland-Cliffs Steel Hibbing Management LLC Pension Plan for investment and administrative purposes. Although assets are commingled in the CCSL Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. As the Plan was merged into Cleveland-Cliffs Combined Pension Plan during 2025, the Plan had no interest in the CCSL Master Trust at December 31, 2025. At December 31, 2024 the Plan's interest in the net assets of the CCSL Master Trust was approximately 86.3%.

The Investment Advisors and Investment Committee invest the assets of the master trusts in stocks, bonds, and other evidences of ownership or indebtedness in accordance with the terms of the agreement under which Plan assets are held and invested. The CCSL Master Trust is a master trust under Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

All master trust investment information disclosed in the accompanying financial statements, including investments held at December 31, 2025 and 2024 and net realized and unrealized appreciation or depreciation in fair value of investments and interest and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator, as defined by the Plan.

The following table presents the investments of the CCSL Master Trust:

	(In Thousands)			
	December 31,			
	2025		2024	
	CCSL Master Trust Balance	**Plan's Interest in CCSL Master Trust Balance**	CCSL Master Trust Balance	Plan's Interest in CCSL Master Trust Balance
Equity Securities	**$ 821,804**	**$ —**	$ 784,662	$ 707,867
Fixed Income Funds	**878,850**	**—**	836,487	663,300
Hedge Funds	**281,658**	**—**	280,004	252,633
Private Equity Funds	**61,587**	**—**	67,967	67,967
Real Estate Funds	**308,670**	**—**	314,586	277,807
Structured Credit Funds	**7,196**	**—**	13,712	13,712
Total	**$ 2,359,765**	**$ —**	$ 2,297,418	$ 1,983,286

The following table presents net investment income of the CCSL Master Trust:

	(In Thousands)	
	December 31,	
	2025	2024
Dividend and interest income	**$ 2,070**	$ 2,302
Net appreciation in fair value of investments	**281,075**	123,730
Total	**$ 283,145**	$ 126,032

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and participating surviving spouses, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

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

The accumulated Plan benefit information of each Plan year is as follows:

	(In Thousands)	
	Year Ended December 31,	
	2025	2024
Actuarial present value of accumulated benefits:		
Vested Benefits:		
Participants currently receiving payments	**$ —**	$ 1,560,887
Other participants	**—**	217,570
	—	1,778,457
Non-vested benefits	**—**	18,219
Total actuarial present value of accumulated benefits	**$ —**	$ 1,796,676

The changes in actuarial present value of accumulated Plan benefits are as follows:

	(In Thousands)	
	Year Ended December 31	
	2025	2024
Beginning of year	**$ 1,796,676**	$ 1,874,159
Benefits accumulated	**5,387**	6,128
Actuarial loss (gain)	**14,839**	(388)
Change in actuarial assumptions	**(8,124)**	—
Interest cost	**135,261**	141,437
Benefits paid	**(222,590)**	(224,660)
Transfer to other plan	**(1,721,449)**	—
End of year	**$ —**	$ 1,796,676

Significant assumptions underlying the actuarial computations for the Plan were as follows:

Discount rate	7.90% for 2025 and 8.00% for 2024
Retirement rate	Sliding scale with 100% at age 72 and 70 (2025 and 2024)

For healthy non-annuitants, the Pri-2012 mortality tables from the Society of Actuaries were used in both years. For healthy annuitants, we used a plan specific mortality table in both years. Mortality is projected using scale MP-2021 with generational projection for both years.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. For plan year ending December 31, 2025, the Company changed its presentation of the accumulated plan benefits from reporting on a beginning of year valuation date (January 1) to an end of year valuation date (December 31) to have the Plan disclosures consistent with the Company year end.

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- Plan interest in the CCSL Master Trust, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Plan interest in the CCSL Master Trust net investment income, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.
- The CCSL Master Trust's investments and other assets and liabilities (except for accrued expenses and miscellaneous payables), and net appreciation in fair value of investments, dividend and interest income and other investment income, as shown in Note 4.

NOTE 7 - RELATED-PARTY TRANSACTIONS

Certain investments are managed by the Trustee; therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 - FAIR VALUE OF FINANCIAL ASSETS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a three-level valuation hierarchy for classification of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. Inputs refer broadly to the assumptions that market participants would use in pricing an asset or liability. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from independent sources. Unobservable inputs are inputs that reflect our own views about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized below:

- Level 1 — Valuation is based upon quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 — Valuation is based upon quoted prices for similar assets and liabilities in active markets, or other inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 — Valuation is based upon other unobservable inputs that are significant to the fair value measurement.

The classification of assets and liabilities within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement in its entirety.

Investments classified as Level 1 primarily include equity investments and fixed income mutual funds that are based on observable quoted market prices on an active exchange. Fixed income investments classified as Level 2 include U.S. treasury debt securities which are priced daily through a bond pricing vendor as well as liability driven funds invested in U.S. treasury debt securities, swaps and options.

Private equity, structured credit and real estate investments are classified as Level 3 due to the absence of quoted market prices and inherent lack of liquidity. These investments are generally valued based on financial inputs from our investment managers or third party appraisers. Certain Level 3 investments may be lagged up to three months if there are no financial inputs available. Investment commitments are made in private equity funds and capital calls are made over the life of the funds to fund the commitments.

As a practical expedient, in accordance with ASC 820-10, certain investments in collective trusts are measured at fair value using the NAV per share and are not classified in the fair value hierarchy below. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by its number of shares outstanding. There are no redemption restrictions or unfunded commitments for these funds.

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

The following tables present the investments of the CCSL Master Trust measured at fair value on a recurring basis:

	(In Thousands)				
	December 31, 2025				
	Level 1	Level 2	Level 3	NAV[a]	Total
Equity Securities	$ 736,957	$ —	$ —	$ 84,847	$ 821,804
Fixed Income Funds	2,236	377,584	—	499,030	878,850
Hedge Funds	—	—	—	281,658	281,658
Private Equity Funds	—	—	61,587	—	61,587
Real Estate Funds	—	—	59,394	249,276	308,670
Structured Credit Funds	—	—	7,196	—	7,196
Total	$ 739,193	$ 377,584	$ 128,177	$ 1,114,811	$ 2,359,765

[a]Valued at the NAV of units held by the Plan at year end. The NAV is based on the fair value of the underlying investments held by the funds. Transactions (investments and redemptions) may occur daily or monthly with proper notice.

For the year ended December 31, 2025, the CCSL Master Trust had purchases and sales of assets using significant unobservable inputs (Level 3) of $11,875 thousand and $34,545 thousand, respectively.

	(In Thousands)				
	December 31, 2024				
	Level 1	Level 2	Level 3	NAV[a]	Total
Equity Securities	$ 715,871	$ —	$ —	$ 68,791	$ 784,662
Fixed Income Funds	1,819	673,333	—	161,335	836,487
Hedge Funds	—	—	—	280,004	280,004
Private Equity Funds	—	—	67,967	—	67,967
Real Estate Funds	—	—	83,337	231,249	314,586
Structured Credit Funds	—	—	13,712	—	13,712
Total	$ 717,690	$ 673,333	$ 165,016	$ 741,379	$ 2,297,418

[a]Valued at the NAV of units held by the Plan at year end. The NAV is based on the fair value of the underlying investments held by the funds. Transactions (investments and redemptions) may occur daily or monthly with proper notice.

For the year ended December 31, 2024, the CCSL Master Trust had purchases and sales of assets using significant unobservable inputs (Level 3) of $18,917 thousand and $94,792 thousand, respectively.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions - Bargaining unit

The plan was originally effective September 1, 2018 and restated as of August 15, 2020; most recent amendment was collective bargaining agreement ratified on October 12, 2022.

Covered employees	Collectively bargained employees at former Ispat Inland facilities hired on or before November 13, 2005.
Participation date	Age 21 and one year of service.

Definitions

Vesting service	One year of vesting service is credited for each full year of service, and 1/12 of one year for each month or fraction of a month.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of benefit service.
Benefit service	Same as vesting service.

Eligibility for Benefits

Normal retirement	Age 65 and five years of service.
Early unreduced retirement	Age 62 and 15 years of service or 30 years of service.
Early reduced retirement	Age 60 with 15 years of service.
Deferred vested retirement	(1) Five years of service (2) Age 40 with 15 years of service
Permanent incapacity disability retirement	15 years of continuous service upon total and permanent disability.
Surviving spouse's benefit	15 years of service.

SCHEDULE SB ATTACHMENTS

Preretirement survivor annuity	Five years of continuous service. Spouse must be married to the participant for at least one year.
Rule of 65 or rule of 70/80: shutdown/layoff/disability retirement benefit	Age plus service equal to at least 80, or Age 55 with age plus service equal to at least 70 or 20 years of service with age plus service equal to at least age 65 (layoff only).

Benefits Paid Upon the Following Events

Normal retirement	Regular monthly benefit plus special payments.
Regular monthly benefit	Effective September 9, 2022, the sum of the following (a) $115 for each year of service earned prior to January 1, 2023 (b) $126 for each year of service earned on or after January 1, 2023
Special payment	13 or 14 weeks of vacation pay minus vacation taken in retirement year. This payment is in lieu of the first three months of regular pension payments.
Early unreduced retirement	Regular benefit plus special payment plus temporary supplement.
Temporary supplement	30-Year Retirement -$400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount, with a minimum of 12 monthly payments. 62/15 Retirement – Greater of (a) and (b) payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount, with a minimum of 12 monthly payments: (a) $400 (b) The difference between $1,950 and regular monthly benefit

SCHEDULE SB ATTACHMENTS

Early reduced retirement

Reduced regular benefit plus special payment.

Age at Start Pension	Regular Benefit Reduction
60	16.18%
61	8.55%
62	0

Vested retirement

(1) Accrued regular pension payable at age 65 or payable on an actuarially equivalent basis at age 60.

(2) Accrued regular pension payable at age 62 or payable at age 60 using the same reduction as the 60/15 retirement.

Permanent incapacity retirement

Accrued regular pension payable immediately plus $400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount.

Surviving spouse benefit

Prior to spouse age 60:

Monthly benefit equal to the greater of:

1. $200
2. 50% of the accrued regular monthly benefit

After spouse age 60: Monthly benefit equal to the greater of:

1. $150
2. 50% of accrued regular monthly benefit minus 50% of Social Security widower's monthly benefit

Preretirement survivor annuity coverage

75% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit.

Rule of 65 or rule of 70/80: shutdown/layoff/disability retirement benefit

Regular pension plus special payment plus $400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment	Life Annuity for single participants. Automatic 75% Spouse Option for married participants. For all retirements except deferred vested retirements, participants receive the Guaranteed Benefit for ten years.
Optional forms of payment	• 50% Joint and Survivor Annuity. • 50% Co-Pensioner. • 100% Co-Pensioner.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan.

SCHEDULE SB ATTACHMENTS

Plan Provisions – Salaried Supplement

The plan was originally effective January 1, 1997.

Covered employees	Retirement eligible employees on January 1, 1999 who elected to remain in the Salaried supplement.
Participation date	Age 21 and one year of service.

Definitions

Vesting service	Total years and months of credited service before retirement with the Company or an affiliate.
Pension earnings	Total compensation, excluding such items as suggestion awards, performance and/or restricted stock awards, tuition reimbursement, moving allowances, imputed income, and cost-of-living adjustments where applicable.
Average monthly earnings	Highest 36 consecutive months of pension earnings during the last 10 years before retirement.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of benefit service.
Benefit service	Total years and months of service earned with the Company.

Eligibility for Benefits

Normal retirement	Age 65 and five years of service.
Early unreduced retirement	30 years of service.
Vesting	Completion of five years of service.
Permanent incapacity retirement	15 years of service.
Surviving spouse benefit	15 years of service.
Preretirement survivor annuity coverage	Five years of service.

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Benefits Paid Upon the Following Events

Normal retirement

A monthly amount equal to the greater of (a), (b) and (c).

(a) "Percent Pension" is Average Monthly Earnings times (1) plus (2) plus (3).

(1) 1.3% times years of benefit service prior to 1994.

(2) 1.155% times years of benefit service after 1993, up to 30 years.

(3) 1.26% times years of benefit service after 1993, in excess of 30 years.

(b) "Minimum Pension" is (1) plus (2).

(1) $56.25 times Service up to 30 years through 7/31/2004 plus $75 times Service in excess of 30 years through 7/31/2004.

(2) $42 times Service after 7/31/2004.

(c) "1.7% Pension" is (1) minus (2) plus (3).

(1) 1.7% of final average monthly earnings times service up to 35 years.

(2) 0.5% of final average monthly earnings up to Social Security Covered Compensation times service up to 35 years.

(3) 1% of average monthly earnings times service in excess of 35 years.

Unreduced early retirement

Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.

Vesting

Unreduced pension beginning at 65 or 62 depending on age and service at termination, or reduced beginning at 55. Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.

SCHEDULE SB ATTACHMENTS

Disability retirement (permanent incapacity pension)	Benefit payable immediately. Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.
Surviving spouse benefit	Prior to spouse age 60: Monthly benefit equal to the greater of (a) $205. (b) 50% of frozen benefit earned under a prior supplement plus $50. After spouse age 60: Monthly benefit equal to the greater of (c) $155. (d) 50% of frozen benefit earned under a prior supplement plus $50 minus 50% of Social Security widower's monthly benefit.
Preretirement survivor annuity coverage	50% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit.

Other Plan Provisions

Normal form of payment	Life annuity for single participants. Automatic 50% Spouse option for married participants.
Optional forms of payment	• Single Life Annuity. • 50% Joint and Survivor Annuity. • 75% Joint and Survivor Annuity. • 100% Joint and Survivor Annuity.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan

SCHEDULE SB ATTACHMENTS

Plan Provisions – PRA Supplement

The plan was originally effective January 1, 1999; most recent amendment was amendment two executed November 30, 2023.

Covered employees

Salaried employees hired prior to January 1, 2003, except those in the Salaried Supplement.

Participation date

Immediate.

Definitions

Pension earnings

Wages, salary, and other amounts includible in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions.

Cash balance benefit

The accrued benefit is the account balance. While an active participant, the account balance grows with interest and contribution credits. After termination, the account balance grows with interest credits only.

Contribution credits

Each quarter, a participant's account will be increased by an amount equal to a percentage of compensation, the percentage varying by age as in the following table:

Prior to 2024:

Years of Vesting Service (As of 12/31 of previous year)	Earnings Allocation
<5	5.00%
5-10	6.00%
10-15	7.00%
15+	8.00%

For 2024+:

Years of Vesting Service (As of 12/31 of previous year)	Earnings Allocation
<5	2.50%
5-10	3.00%
10-15	3.50%
15+	4.00%

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Interest credits	Each quarter, interest credits will be added to each cash balance account, based on the 1-Year Constant on the first day of the plan year, with a minimum of 5%.
Pension earnings	Wages, salary, and other amounts includible in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions

Eligibility for Benefits

Vesting	Three years of service.
Enhanced salary supplement	5 years of service
Temporary supplement	At least 5 years of service as of January 1, 1999 and must retire prior to age 65, and after age 55 with 10 years of service, or after age 62 with 15 years of service, or at any age with 30 years of service.
Surviving spouse annuity	At least 15 years of service as of January 1, 1999 or upon becoming a participant, if later. Participants must meet one of the following criteria: • Age 65 with 5 years of service • Age 55 with 10 years of service • Any age with 30 years of service In addition, participant must be married to the surviving spouse at both the time of separation and at retirement.

Benefits Paid Upon the Following Events

Enhanced salaried supplement frozen accrued benefit	The greater of (a) and (b) (a) Frozen 12/31/1998 accrued benefit, plus $56.25 for each year of PRA Service, up to 30 years of Benefit Service, through 7/31/2004 plus $75.00 for each year of PRA Service that exceeds 30 years of Benefit Service through 7/31/2004. (b) $56.25 for each year of PRA Service, up to 30 years of Benefit Service, through 7/31/2004 plus $75.00 for each year

SCHEDULE SB ATTACHMENTS

	of PRA Service that exceeds 30 years of Benefit Service through 7/31/2004.
Temporary supplement	Monthly benefit equal to the lesser of (a) and (b) (a) 1.4% of monthly base pay times PRA Service. (b) Age 62 Social Security benefit. The temporary supplement is payable to until age 62 or for 1 year, whichever is later.
Preretirement death benefit	Account Balance paid to Beneficiary.
Surviving spouse annuity	Prior to spouse age 60: Monthly benefit equal to the greater of (a) and (b) (a) $205. (b) 50% of frozen benefit earned under a prior supplement plus $50. After spouse age 60: Monthly benefit equal to the greater of (a) and (b) (a) $155. (b) 50% of frozen benefit earned under a prior supplement plus $50 minus 50% of Social Security widower's monthly benefit.

Other Plan Provisions

Optional forms of payment	Lump Sum of cash balance account, or single life annuity, or 50%, or 100% joint and survivor, or 75% joint and spouse.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan.

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Plan Provisions – Monessen Salaried

The plan was originally effective September 1, 2008.

Covered employees	The Salaried Participants are limited to Salaried Participants in the Koppers Plan on September 30, 2008. Eligible employees are listed in an appendix to the plan document.
Participation date	Immediate.

Eligibility for Benefits

Normal retirement	Age 65
30-year retirement	30 years of service, but less than age 60.
Early unreduced retirement	Age 60 and 25 years of service.
Early reduced retirement	Age 55 with 10 years of service.
Vested retirement	Five years of service.
Disability retirement	Five years of service.
Surviving spouse benefit	Five years of service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

The sum of (a) and (b)

(a) Post-June 1, 2004 Normal Retirement Pension. The sum of 1.0% of Terminal Salary multiplied by Credited Service on or after June 1, 2004.

(b) Pre-June 1, 2004 Normal Retirement Pension. The greater of (1) and (2)

1. 1.2% of Terminal Salary as of May 31, 2004 not in excess of $16,000 plus 1.6% of Terminal Salary as of May 31, 2004 in excess of $16,000 multiplied by Credited Service between January 1, 1989 and May 31, 2004.
2. 1.2% of Terminal Salary as of May 31, 2004 multiplied by all years of Credited Service prior to June 1, 2004 (maximum of 35 years), less the amount of benefit payable under any defined benefit pension plan of the Predecessor Employee.

Salaried plan freeze

The Salaried portion of the Plan was frozen as of December 31, 2006.

The monthly frozen accrued benefit as of December 31, 2006 was provided in the appendix of the plan document.

Early unreduced retirement

Same benefit as normal retirement.

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Early reduced retirement

Accrued benefit that is actuarially equivalent to the deferred vested pension.

Age at Start Pension	Regular Early Retirement Factors
55	0.5379
56	0.5703
57	0.6050
58	0.6422
59	0.6824
60	0.7257
61	0.7723
62	0.8228
63	0.8773
64	0.9361
65	1.0000

30-year retirement

Normal retirement benefit reduced by 3% for each year the participant is younger than age 60.

Vested retirement

Accrued regular pension payable at age 65. Participants with at least 10 years of service may commence an actuarially equivalent benefit at age 55.

Disability retirement

Accrued regular pension payable on the later of Normal Retirement Date or the date payments cease under the Company's long term disability plan. In the event benefits in the long term disability plan are discontinued prior to normal retirement age, benefits are payable as early retirement or deferred vested benefits depending on age and service.

Surviving spouse benefit

Monthly benefit equal to the amount which would have been payable to the spouse under the normal form of benefit if the participant's benefit had commenced or if the participant had retired in the month of death.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal form of payment

• Single participant	Life Annuity.
• Married participant	50% Joint and Survivor.

Optional forms of payment

Single Life Annuity.
50% Joint and Survivor Annuity.
75% Joint and Survivor Annuity.
100% Joint and Survivor Annuity.
5-year Certain and Life Annuity.
10-year Certain and Life Annuity.
15-year Certain and Life Annuity.

Maximum benefit

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 take effect. Increases in the dollar limits are not assumed for determining pension cost.

Plan Provisions – Monessen Hourly

The plan was originally effective September 1, 2008.

Covered employees

Collectively bargained employees hired before March 31, 2008.

As of October 1, 2008, the Hourly Employees in the plan are limited to Hourly Employees in the Koppers Plan on September 30, 2008.

Participation date

Immediate.

Eligibility for Benefits

Normal retirement

Age 65 and 5 years of service.

Early unreduced retirement

Age 62 and 25 years of service.

Early reduced retirement

Age 55 with 10 years of service.

Vested retirement

Five years of service.

Disability retirement

Ten years of service upon total and permanent disability.

Surviving spouse benefit

Five years of service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly retirement benefit is $33 times years of service. Effective April 1, 2005 the monthly benefit rate for service after April 30, 1995 is $41. Effective April 1, 2006 the monthly benefit rate for service after April 30, 1995 is $42. Effective April 1, 2007 the monthly benefit rate for service after April 30, 1995 is $43. Effective April 1, 2008 the monthly benefit rate for service after April 30, 1995 is $44. Effective April 5, 2009 the monthly benefit rate for service after April 30, 1995 is $45. Effective April 4, 2011 the monthly benefit rate for service after April 30, 1995 is $47. Active employees who worked for Sharon Steel at the Monessen Plant prior to being hired by Koppers receive service from October 1, 1992. The benefit for the extra 31 months of service is frozen at a rate of $33.
Hourly plan freeze	The Hourly portion of the plan was frozen as of December 31, 2011.
Early unreduced retirement	Accrued pension, without reduction, payable immediately.
Early reduced retirement	Accrued benefit, reduced by 5% for each year benefit commencement precedes age 65.
Vested retirement	Accrued benefit at age 65. Participants who terminate with at least 10 years of service may elect to commence their benefit at age 55 or later. The accrued is reduced by 5% for each year benefit commencement precedes age 65.
Disability retirement	Accrued pension, without reduction, payable immediately.
Surviving spouse benefit	Monthly benefit equal to the amount which would have been payable to the spouse under the normal form of benefit if the participant's benefit had commenced or if the participant had retired in the month of death.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Normal Form of Payment

• Single Participant	10-year Certain and Life Annuity.
• Married Participant	50% Joint and Survivor.

Optional Forms of Payment

- 50% Joint and Survivor Annuity.
- 75% Joint and Survivor Annuity.
- 100% Joint and Survivor Annuity.
- 5-year Certain and Life Annuity.
- Social Security Level Option at age 62.

Maximum Benefit

Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan

Future Plan Changes

No future plan changes were assumed.

Changes in Benefits Valued Since the Prior Measurement

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	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	1	0	0	0	0	0	1
40-44	0	0	0	1	6	23	2	0	0	0	32
45-49	0	0	0	0	16	68	28	0	0	0	112
50-54	0	0	0	1	6	72	50	12	0	0	141
55-59	0	0	0	0	5	52	33	42	15	0	147
60-64	0	0	0	0	4	33	25	35	25	28	150
65-69	0	0	0	0	1	8	13	10	3	84	119
70 & over	0	0	0	0	1	2	0	2	2	29	36
Total	0	0	0	2	40	258	151	101	45	141	738

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

Plan Name: Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN: 71-0871785/009
Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September 2024
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.32%	5.30%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases: 2.50%
- Statutory limits on compensation: 2.50%
- Cash balance interest crediting rate: 5.00%

Plan-related expenses: $10,519,533 in 2025

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality for funding

- Healthy and disabled

For non-annuitants and disabled participants, the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code. For annuitants, Cleveland-Cliffs-specific substitute mortality table per §1.430(h)(3)-2 approved by the IRS in 2022 with base year 2018, projected generationally using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%. The table below presents illustrative rates for the base year.

Percentage of Participants Expected to Die Within One Year		
Age	**Males**	**Females**
25	0.0669	0.0245
30	0.0685	0.0309
35	0.0810	0.0421
40	0.0907	0.0548
45	0.1881	0.1167
50	0.4796	0.3112
55	0.6715	0.4384
60	0.9426	0.6646
65	1.3427	0.9745
70	1.9804	1.4924
75	3.1700	2.4580
80	5.3679	4.2207
85	9.4119	7.5502
90	16.5820	13.4803

SCHEDULE SB ATTACHMENTS

Termination (not due to disability or retirement) rates

Representative rates varying by age and plan are shown below:

Salaried		Wage	
Age	Rate	Age	Rate
25	20%	25	8%
30-40	10%	30-45	4%
45-50	7%	50-55	3%
55	6%		

Disability

Representative rates at which participants are assumed to become disabled by age, gender, and plan are shown below:

	Salaried		Hourly	
Age	Male	Female	Male	Female
35	0.03%	0.04%	0.05%	0.10%
40	0.05%	0.08%	0.11%	0.18%
45	0.10%	0.15%	0.22%	0.33%
50	0.21%	0.26%	0.45%	0.54%
55	0.44%	0.41%	0.94%	0.87%
60	0.74%	0.58%	1.56%	1.22%

Retirement

The rates at which participants retire by age are shown below:

Salaried		Hourly	
Age	Rate	Age	Rate
55 – 57	6%	< 60	5%
58 – 60	10%	60 – 61	12%
61 – 64	20%	62 – 64	25%
65 – 71	33%	62 – 64	30%
72+	100%	62 – 64	40%
		71	50%
		72+	100%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit: BU and Salaried Supplement: Age 65 or age 62 for participants that terminated after age 40 with 15 years of service

  PRA Supplement: Immediate Commencement
- Disability benefit: Upon disablement

Plan Name: Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN: 71-0871785/009
Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

- Retirement benefit — Upon termination of employment

Form of payment

For cash balance benefits (PRA), 100% are assumed to elect a lump sum.

For non-cash balance benefits (BU and Salaried), all are assumed to elect an annuity as follows, split between active and terminated vested participants:

Active		Terminated Vested	
SLA (with 10-year certain, if applicable)	50% or 75% J&S, as applicable	SLA	50% J&S
50%	50%	67%	33%

Percent married

80%. These assumptions are used to value pre-retirement surviving spouse benefits.

Spouse age

Wife three years younger than husband.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as W-2 earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.

At-risk assumptions

None.

Cash flow:

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

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued including based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

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

Plan Name:	Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN:	71-0871785/009
Plan Sponsor:	Cleveland-Cliffs Steel LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	(55,151,227)	15.00000	(55,151,227)	(5,142,325)
Shortfall	01/01/2024	(112,338,867)	14.00000	(104,662,358)	(10,220,624)
Shortfall	01/01/2023	346,532,654	13.00000	308,786,208	31,735,707
Total				148,972,623	16,372,758

Plan Name: Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN: 71-0871785/009
Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23
Information on Use of Substitute Mortality Tables

Substitute mortality tables are used for the following plan populations: Annuitants

Prescribed tables are used for the following plan populations: Non-Annuitants

The last plan year for which the IRS approval for the substitute mortality tables applies is:2032

Mortality ratio used to develop the table: 1.131805

Credibility for construction of the table: Full

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN:	71-0871785/009
Plan Sponsor:	Cleveland-Cliffs Steel LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23
Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Item 23 reflects the largest population.

Population description	Population size	Mortality table
Non-Annuitants	**1,296**	**The prescribed mortality assumption under Section 430(h)(3)(A) of the IRC using static tables with separate mortality rates for non-annuitants.**
Annuitants - Healthy	**9,352**	**Cleveland-Cliffs specific substitute mortality tables, projected generationally from 2018 using Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%**
Annuitants - Disabled	**201**	**The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code.**

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	17,569,647	7,466,677	203,843,190	228,879,514
2026	16,738,032	1,766,989	196,256,971	214,761,992
2027	17,374,157	1,910,375	187,898,000	207,182,532
2028	17,656,832	2,020,923	179,706,356	199,384,111
2029	17,613,362	2,143,902	171,546,523	191,303,787
2030	17,502,213	2,272,560	162,834,381	182,609,154
2031	17,549,199	2,375,816	154,056,311	173,981,326
2032	17,697,488	2,432,673	145,908,190	166,038,351
2033	17,449,374	2,483,128	137,674,038	157,606,540
2034	17,465,591	2,535,382	129,078,982	149,079,955
2035	17,740,355	2,597,682	120,734,099	141,072,136
2036	17,639,847	2,647,207	112,855,983	133,143,037
2037	17,596,037	2,652,581	105,178,536	125,427,154
2038	17,681,257	2,621,208	97,572,109	117,874,574
2039	17,524,148	2,566,127	90,054,872	110,145,147
2040	17,331,558	2,520,086	82,659,717	102,511,361
2041	17,068,660	2,484,737	75,415,088	94,968,485
2042	16,831,267	2,451,199	68,357,611	87,640,077
2043	16,472,327	2,405,276	61,524,223	80,401,826
2044	15,969,801	2,334,806	54,950,350	73,254,957
2045	15,435,766	2,248,801	48,675,004	66,359,571
2046	14,880,406	2,151,658	42,733,788	59,765,852
2047	14,268,408	2,053,168	37,162,234	53,483,810
2048	13,630,617	1,947,860	31,992,669	47,571,146
2049	12,991,474	1,832,749	27,252,246	42,076,469
2050	12,311,402	1,725,314	22,960,984	36,997,700
2051	11,638,640	1,620,028	19,129,775	32,388,443
2052	10,972,833	1,503,105	15,759,141	28,235,079
2053	10,307,288	1,387,709	12,838,221	24,533,218
2054	9,650,602	1,276,025	10,345,988	21,272,615
2055	9,005,564	1,168,721	8,252,644	18,426,929
2056	8,374,871	1,066,314	6,521,250	15,962,435
2057	7,760,989	969,198	5,110,697	13,840,884
2058	7,165,075	877,602	3,978,261	12,020,938
2059	6,587,951	791,591	3,081,647	10,461,189
2060	6,030,774	711,158	2,380,897	9,122,829
2061	5,494,322	636,253	1,839,656	7,970,231
2062	4,979,490	566,794	1,425,833	6,972,117
2063	4,487,291	502,633	1,112,007	6,101,931
2064	4,018,745	443,605	875,365	5,337,715
2065	3,574,950	389,530	697,444	4,661,924
2066	3,156,977	340,208	563,665	4,060,850
2067	2,765,839	295,445	462,719	3,524,003
2068	2,402,450	255,000	386,022	3,043,472

Plan Name: Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN: 71-0871785/009
Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	2,067,517	218,637	327,145	2,613,299
2070	1,761,544	186,137	281,341	2,229,022
2071	1,484,784	157,286	245,157	1,887,227
2072	1,237,276	131,871	216,081	1,585,228
2073	1,018,599	109,646	192,288	1,320,533
2074	827,913	90,378	172,459	1,090,750

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/1950

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

200 PUBLIC SQUARE
SUITE 3300
CLEVELAND OH 44114-2315

2b Employer Identification Number (EIN) 71-0871875

2c Plan Sponsor's telephone number 216-694-5505

2d Business code (see instructions) 331110

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

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

SIGN HERE	Abigail L. Ducharme **Signature of plan administrator**	10/15/2026 Date	ABIGAIL L. DUCHARME Enter name of individual signing as plan administrator
SIGN HERE	Abigail L. Ducharme **Signature of employer/plan sponsor**	10/15/2026 Date	ABIGAIL L. DUCHARME Enter name of individual signing as employer or plan sponsor
SIGN HERE	**Signature of DFE**	Date	Enter name of individual signing as DFE

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

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN

5 Total number of participants at the beginning of the plan year	5	10,492
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	738
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	0
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CLEVELAND-CLIFFS STEEL LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CLEVELAND-CLIFFS STEEL LLC

D Employer Identification Number (EIN)
71-0871875

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,997,904,951
b Actuarial value	**2b**	1,997,904,951

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9,553	1,842,355,932	1,842,355,932
b For terminated vested participants	558	40,471,564	40,471,564
c For active participants	738	242,506,759	264,050,078
d Total	10,849	2,125,334,255	2,146,877,574

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

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

5 Effective interest rate	**5**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	7,414,327
b Expected plan-related expenses	**6b**	10,519,533
c Target normal cost	**6c**	17,933,860

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

CB

Signature of actuary

9/28/2026
Date

Cynthia M Brown
Type or print name of actuary

2607656
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

312-525-2251
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.70 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		79,247
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.01 %		3,970
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		83,217
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.06 %
15	Adjusted funding target attainment percentage	15	93.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	8,000,000	0			
07/15/2025	7,450,000	0			
10/15/2025	7,725,000	0			
01/15/2026	7,725,000	0			
09/15/2026	4,860,000	0			
			Totals ► 18(b)	35,760,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	34,310,193

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	17,933,860
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	148,972,623	16,372,758
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**	34,306,618

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

36 Additional cash requirement (line 34 minus line 35)	**36**	34,306,618
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	34,310,193

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3,575
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN:	71-0871785/009
Plan Sponsor:	Cleveland-Cliffs Steel LLC
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23
Information on Use of Multiple Mortality Tables

Different mortality tables were used for different populations. Item 23 reflects the largest population.

Population description	Population size	Mortality table
Non-Annuitants	**1,296**	**The prescribed mortality assumption under Section 430(h)(3)(A) of the IRC using static tables with separate mortality rates for non-annuitants.**
Annuitants - Healthy	**9,352**	**Cleveland-Cliffs specific substitute mortality tables, projected generationally from 2018 using Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%**
Annuitants - Disabled	**201**	**The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code.**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23
Information on Use of Substitute Mortality Tables

Substitute mortality tables are used for the following plan populations: Annuitants

Prescribed tables are used for the following plan populations: Non-Annuitants

The last plan year for which the IRS approval for the substitute mortality tables applies is:2032

Mortality ratio used to develop the table: 1.131805

Credibility for construction of the table: Full

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September 2024
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.32%	5.30%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases: 2.50%
- Statutory limits on compensation: 2.50%
- Cash balance interest crediting rate: 5.00%

Plan-related expenses: $10,519,533 in 2025

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

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Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality for funding

- Healthy and disabled

For non-annuitants and disabled participants, the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code. For annuitants, Cleveland-Cliffs-specific substitute mortality table per §1.430(h)(3)-2 approved by the IRS in 2022 with base year 2018, projected generationally using adjusted Scale MP-2021. The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%. The table below presents illustrative rates for the base year.

Percentage of Participants Expected to Die Within One Year		
Age	**Males**	**Females**
25	0.0669	0.0245
30	0.0685	0.0309
35	0.0810	0.0421
40	0.0907	0.0548
45	0.1881	0.1167
50	0.4796	0.3112
55	0.6715	0.4384
60	0.9426	0.6646
65	1.3427	0.9745
70	1.9804	1.4924
75	3.1700	2.4580
80	5.3679	4.2207
85	9.4119	7.5502
90	16.5820	13.4803

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Termination (not due to disability or retirement) rates

Representative rates varying by age and plan are shown below:

Salaried		Wage	
Age	Rate	Age	Rate
25	20%	25	8%
30-40	10%	30-45	4%
45-50	7%	50-55	3%
55	6%		

Disability

Representative rates at which participants are assumed to become disabled by age, gender, and plan are shown below:

	Salaried		Hourly	
Age	Male	Female	Male	Female
35	0.03%	0.04%	0.05%	0.10%
40	0.05%	0.08%	0.11%	0.18%
45	0.10%	0.15%	0.22%	0.33%
50	0.21%	0.26%	0.45%	0.54%
55	0.44%	0.41%	0.94%	0.87%
60	0.74%	0.58%	1.56%	1.22%

Retirement

The rates at which participants retire by age are shown below:

Salaried		Hourly	
Age	Rate	Age	Rate
55 – 57	6%	< 60	5%
58 – 60	10%	60 – 61	12%
61 – 64	20%	62 – 64	25%
65 – 71	33%	62 – 64	30%
72+	100%	62 – 64	40%
		71	50%
		72+	100%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit: BU and Salaried Supplement: Age 65 or age 62 for participants that terminated after age 40 with 15 years of service

  PRA Supplement: Immediate Commencement
- Disability benefit: Upon disablement

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- Retirement benefit — Upon termination of employment

Form of payment

For cash balance benefits (PRA), 100% are assumed to elect a lump sum.

For non-cash balance benefits (BU and Salaried), all are assumed to elect an annuity as follows, split between active and terminated vested participants:

Active		Terminated Vested	
SLA (with 10-year certain, if applicable)	50% or 75% J&S, as applicable	SLA	50% J&S
50%	50%	67%	33%

Percent married

80%. These assumptions are used to value pre-retirement surviving spouse benefits.

Spouse age

Wife three years younger than husband.

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as W-2 earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate.

At-risk assumptions

None.

Cash flow:

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

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued including based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

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

Plan Name:	Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN:	71-0871785/009
Plan Sponsor:	Cleveland-Cliffs Steel LLC
Valuation Date:	January 1, 2025

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Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions - Bargaining unit

The plan was originally effective September 1, 2018 and restated as of August 15, 2020; most recent amendment was collective bargaining agreement ratified on October 12, 2022.

Covered employees	Collectively bargained employees at former Ispat Inland facilities hired on or before November 13, 2005.
Participation date	Age 21 and one year of service.

Definitions

Vesting service	One year of vesting service is credited for each full year of service, and 1/12 of one year for each month or fraction of a month.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of benefit service.
Benefit service	Same as vesting service.

Eligibility for Benefits

Normal retirement	Age 65 and five years of service.
Early unreduced retirement	Age 62 and 15 years of service or 30 years of service.
Early reduced retirement	Age 60 with 15 years of service.
Deferred vested retirement	(1) Five years of service (2) Age 40 with 15 years of service
Permanent incapacity disability retirement	15 years of continuous service upon total and permanent disability.
Surviving spouse's benefit	15 years of service.

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Preretirement survivor annuity	Five years of continuous service. Spouse must be married to the participant for at least one year.
Rule of 65 or rule of 70/80: shutdown/layoff/disability retirement benefit	Age plus service equal to at least 80, or Age 55 with age plus service equal to at least 70 or 20 years of service with age plus service equal to at least age 65 (layoff only).

Benefits Paid Upon the Following Events

Normal retirement	Regular monthly benefit plus special payments.
Regular monthly benefit	Effective September 9, 2022, the sum of the following (a) $115 for each year of service earned prior to January 1, 2023 (b) $126 for each year of service earned on or after January 1, 2023
Special payment	13 or 14 weeks of vacation pay minus vacation taken in retirement year. This payment is in lieu of the first three months of regular pension payments.
Early unreduced retirement	Regular benefit plus special payment plus temporary supplement.
Temporary supplement	30-Year Retirement -$400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount, with a minimum of 12 monthly payments. 62/15 Retirement – Greater of (a) and (b) payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount, with a minimum of 12 monthly payments: (a) $400 (b) The difference between $1,950 and regular monthly benefit

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Early reduced retirement

Reduced regular benefit plus special payment.

Age at Start Pension	Regular Benefit Reduction
60	16.18%
61	8.55%
62	0

Vested retirement

(1) Accrued regular pension payable at age 65 or payable on an actuarially equivalent basis at age 60.

(2) Accrued regular pension payable at age 62 or payable at age 60 using the same reduction as the 60/15 retirement.

Permanent incapacity retirement

Accrued regular pension payable immediately plus $400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount.

Surviving spouse benefit

Prior to spouse age 60:

Monthly benefit equal to the greater of:

1. $200
2. 50% of the accrued regular monthly benefit

After spouse age 60: Monthly benefit equal to the greater of:

1. $150
2. 50% of accrued regular monthly benefit minus 50% of Social Security widower's monthly benefit

Preretirement survivor annuity coverage

75% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit.

Rule of 65 or rule of 70/80: shutdown/layoff/disability retirement benefit

Regular pension plus special payment plus $400 per month payable until eligibility to receive Social Security benefits equal to 80% of primary insurance amount.

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Other Plan Provisions

Normal form of payment	Life Annuity for single participants. Automatic 75% Spouse Option for married participants. For all retirements except deferred vested retirements, participants receive the Guaranteed Benefit for ten years.
Optional forms of payment	• 50% Joint and Survivor Annuity. • 50% Co-Pensioner. • 100% Co-Pensioner.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan.

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Plan Provisions – Salaried Supplement

The plan was originally effective January 1, 1997.

Covered employees	Retirement eligible employees on January 1, 1999 who elected to remain in the Salaried supplement.
Participation date	Age 21 and one year of service.

Definitions

Vesting service	Total years and months of credited service before retirement with the Company or an affiliate.
Pension earnings	Total compensation, excluding such items as suggestion awards, performance and/or restricted stock awards, tuition reimbursement, moving allowances, imputed income, and cost-of-living adjustments where applicable.
Average monthly earnings	Highest 36 consecutive months of pension earnings during the last 10 years before retirement.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of benefit service.
Benefit service	Total years and months of service earned with the Company.

Eligibility for Benefits

Normal retirement	Age 65 and five years of service.
Early unreduced retirement	30 years of service.
Vesting	Completion of five years of service.
Permanent incapacity retirement	15 years of service.
Surviving spouse benefit	15 years of service.
Preretirement survivor annuity coverage	Five years of service.

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Benefits Paid Upon the Following Events

Normal retirement

A monthly amount equal to the greater of (a), (b) and (c).

(a) "Percent Pension" is Average Monthly Earnings times (1) plus (2) plus (3).

(1) 1.3% times years of benefit service prior to 1994.

(2) 1.155% times years of benefit service after 1993, up to 30 years.

(3) 1.26% times years of benefit service after 1993, in excess of 30 years.

(b) "Minimum Pension" is (1) plus (2).

(1) $56.25 times Service up to 30 years through 7/31/2004 plus $75 times Service in excess of 30 years through 7/31/2004.

(2) $42 times Service after 7/31/2004.

(c) "1.7% Pension" is (1) minus (2) plus (3).

(1) 1.7% of final average monthly earnings times service up to 35 years.

(2) 0.5% of final average monthly earnings up to Social Security Covered Compensation times service up to 35 years.

(3) 1% of average monthly earnings times service in excess of 35 years.

Unreduced early retirement

Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.

Vesting

Unreduced pension beginning at 65 or 62 depending on age and service at termination, or reduced beginning at 55. Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.

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Disability retirement (permanent incapacity pension)	Benefit payable immediately. Benefit is the larger of the Minimum Pension or the Percent Pension. The 1.7% Pension will be paid beginning at age 65 if greater than the Minimum Pension and the Percent Pension.
Surviving spouse benefit	Prior to spouse age 60: Monthly benefit equal to the greater of (a) $205. (b) 50% of frozen benefit earned under a prior supplement plus $50. After spouse age 60: Monthly benefit equal to the greater of (c) $155. (d) 50% of frozen benefit earned under a prior supplement plus $50 minus 50% of Social Security widower's monthly benefit.
Preretirement survivor annuity coverage	50% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit.

Other Plan Provisions

Normal form of payment	Life annuity for single participants. Automatic 50% Spouse option for married participants.
Optional forms of payment	• Single Life Annuity. • 50% Joint and Survivor Annuity. • 75% Joint and Survivor Annuity. • 100% Joint and Survivor Annuity.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan

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Plan Provisions – PRA Supplement

The plan was originally effective January 1, 1999; most recent amendment was amendment two executed November 30, 2023.

Covered employees

Salaried employees hired prior to January 1, 2003, except those in the Salaried Supplement.

Participation date

Immediate.

Definitions

Pension earnings

Wages, salary, and other amounts includible in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions.

Cash balance benefit

The accrued benefit is the account balance. While an active participant, the account balance grows with interest and contribution credits. After termination, the account balance grows with interest credits only.

Contribution credits

Each quarter, a participant's account will be increased by an amount equal to a percentage of compensation, the percentage varying by age as in the following table:

Prior to 2024:

Years of Vesting Service (As of 12/31 of previous year)	Earnings Allocation
<5	5.00%
5-10	6.00%
10-15	7.00%
15+	8.00%

For 2024+:

Years of Vesting Service (As of 12/31 of previous year)	Earnings Allocation
<5	2.50%
5-10	3.00%
10-15	3.50%
15+	4.00%

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Interest credits	Each quarter, interest credits will be added to each cash balance account, based on the 1-Year Constant on the first day of the plan year, with a minimum of 5%.
Pension earnings	Wages, salary, and other amounts includible in gross income, such as commissions, bonuses, 401(k) and Section 125 contributions

Eligibility for Benefits

Vesting	Three years of service.
Enhanced salary supplement	5 years of service
Temporary supplement	At least 5 years of service as of January 1, 1999 and must retire prior to age 65, and after age 55 with 10 years of service, or after age 62 with 15 years of service, or at any age with 30 years of service.
Surviving spouse annuity	At least 15 years of service as of January 1, 1999 or upon becoming a participant, if later. Participants must meet one of the following criteria: • Age 65 with 5 years of service • Age 55 with 10 years of service • Any age with 30 years of service In addition, participant must be married to the surviving spouse at both the time of separation and at retirement.

Benefits Paid Upon the Following Events

Enhanced salaried supplement frozen accrued benefit	The greater of (a) and (b) (a) Frozen 12/31/1998 accrued benefit, plus $56.25 for each year of PRA Service, up to 30 years of Benefit Service, through 7/31/2004 plus $75.00 for each year of PRA Service that exceeds 30 years of Benefit Service through 7/31/2004. (b) $56.25 for each year of PRA Service, up to 30 years of Benefit Service, through 7/31/2004 plus $75.00 for each year

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	of PRA Service that exceeds 30 years of Benefit Service through 7/31/2004.
Temporary supplement	Monthly benefit equal to the lesser of (a) and (b) (a) 1.4% of monthly base pay times PRA Service. (b) Age 62 Social Security benefit. The temporary supplement is payable to until age 62 or for 1 year, whichever is later.
Preretirement death benefit	Account Balance paid to Beneficiary.
Surviving spouse annuity	Prior to spouse age 60: Monthly benefit equal to the greater of (a) and (b) (a) $205. (b) 50% of frozen benefit earned under a prior supplement plus $50. After spouse age 60: Monthly benefit equal to the greater of (a) and (b) (a) $155. (b) 50% of frozen benefit earned under a prior supplement plus $50 minus 50% of Social Security widower's monthly benefit.

Other Plan Provisions

Optional forms of payment	Lump Sum of cash balance account, or single life annuity, or 50%, or 100% joint and survivor, or 75% joint and spouse.
Pension increases	None
Plan participants' contributions	None
Maximum benefit	Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan.

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Plan Provisions – Monessen Salaried

The plan was originally effective September 1, 2008.

Covered employees	The Salaried Participants are limited to Salaried Participants in the Koppers Plan on September 30, 2008. Eligible employees are listed in an appendix to the plan document.
Participation date	Immediate.

Eligibility for Benefits

Normal retirement	Age 65
30-year retirement	30 years of service, but less than age 60.
Early unreduced retirement	Age 60 and 25 years of service.
Early reduced retirement	Age 55 with 10 years of service.
Vested retirement	Five years of service.
Disability retirement	Five years of service.
Surviving spouse benefit	Five years of service.

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Benefits Paid Upon the Following Events

Normal retirement

The sum of (a) and (b)

(a) Post-June 1, 2004 Normal Retirement Pension. The sum of 1.0% of Terminal Salary multiplied by Credited Service on or after June 1, 2004.

(b) Pre-June 1, 2004 Normal Retirement Pension. The greater of (1) and (2)

1. 1.2% of Terminal Salary as of May 31, 2004 not in excess of $16,000 plus 1.6% of Terminal Salary as of May 31, 2004 in excess of $16,000 multiplied by Credited Service between January 1, 1989 and May 31, 2004.
2. 1.2% of Terminal Salary as of May 31, 2004 multiplied by all years of Credited Service prior to June 1, 2004 (maximum of 35 years), less the amount of benefit payable under any defined benefit pension plan of the Predecessor Employee.

Salaried plan freeze

The Salaried portion of the Plan was frozen as of December 31, 2006.

The monthly frozen accrued benefit as of December 31, 2006 was provided in the appendix of the plan document.

Early unreduced retirement

Same benefit as normal retirement.

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Early reduced retirement

Accrued benefit that is actuarially equivalent to the deferred vested pension.

Age at Start Pension	Regular Early Retirement Factors
55	0.5379
56	0.5703
57	0.6050
58	0.6422
59	0.6824
60	0.7257
61	0.7723
62	0.8228
63	0.8773
64	0.9361
65	1.0000

30-year retirement

Normal retirement benefit reduced by 3% for each year the participant is younger than age 60.

Vested retirement

Accrued regular pension payable at age 65. Participants with at least 10 years of service may commence an actuarially equivalent benefit at age 55.

Disability retirement

Accrued regular pension payable on the later of Normal Retirement Date or the date payments cease under the Company's long term disability plan. In the event benefits in the long term disability plan are discontinued prior to normal retirement age, benefits are payable as early retirement or deferred vested benefits depending on age and service.

Surviving spouse benefit

Monthly benefit equal to the amount which would have been payable to the spouse under the normal form of benefit if the participant's benefit had commenced or if the participant had retired in the month of death.

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Other Plan Provisions

Normal form of payment

• Single participant	Life Annuity.
• Married participant	50% Joint and Survivor.

Optional forms of payment

Single Life Annuity.
50% Joint and Survivor Annuity.
75% Joint and Survivor Annuity.
100% Joint and Survivor Annuity.
5-year Certain and Life Annuity.
10-year Certain and Life Annuity.
15-year Certain and Life Annuity.

Maximum benefit

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 take effect. Increases in the dollar limits are not assumed for determining pension cost.

Plan Provisions – Monessen Hourly

The plan was originally effective September 1, 2008.

Covered employees

Collectively bargained employees hired before March 31, 2008.

As of October 1, 2008, the Hourly Employees in the plan are limited to Hourly Employees in the Koppers Plan on September 30, 2008.

Participation date

Immediate.

Eligibility for Benefits

Normal retirement

Age 65 and 5 years of service.

Early unreduced retirement

Age 62 and 25 years of service.

Early reduced retirement

Age 55 with 10 years of service.

Vested retirement

Five years of service.

Disability retirement

Ten years of service upon total and permanent disability.

Surviving spouse benefit

Five years of service.

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Benefits Paid Upon the Following Events

Normal retirement	The monthly retirement benefit is $33 times years of service. Effective April 1, 2005 the monthly benefit rate for service after April 30, 1995 is $41. Effective April 1, 2006 the monthly benefit rate for service after April 30, 1995 is $42. Effective April 1, 2007 the monthly benefit rate for service after April 30, 1995 is $43. Effective April 1, 2008 the monthly benefit rate for service after April 30, 1995 is $44. Effective April 5, 2009 the monthly benefit rate for service after April 30, 1995 is $45. Effective April 4, 2011 the monthly benefit rate for service after April 30, 1995 is $47. Active employees who worked for Sharon Steel at the Monessen Plant prior to being hired by Koppers receive service from October 1, 1992. The benefit for the extra 31 months of service is frozen at a rate of $33.
Hourly plan freeze	The Hourly portion of the plan was frozen as of December 31, 2011.
Early unreduced retirement	Accrued pension, without reduction, payable immediately.
Early reduced retirement	Accrued benefit, reduced by 5% for each year benefit commencement precedes age 65.
Vested retirement	Accrued benefit at age 65. Participants who terminate with at least 10 years of service may elect to commence their benefit at age 55 or later. The accrued is reduced by 5% for each year benefit commencement precedes age 65.
Disability retirement	Accrued pension, without reduction, payable immediately.
Surviving spouse benefit	Monthly benefit equal to the amount which would have been payable to the spouse under the normal form of benefit if the participant's benefit had commenced or if the participant had retired in the month of death.

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Other Plan Provisions

Normal Form of Payment

• Single Participant	10-year Certain and Life Annuity.
• Married Participant	50% Joint and Survivor.

Optional Forms of Payment

- 50% Joint and Survivor Annuity.
- 75% Joint and Survivor Annuity.
- 100% Joint and Survivor Annuity.
- 5-year Certain and Life Annuity.
- Social Security Level Option at age 62.

Maximum Benefit

Amounts as specified in IRC Section 415, as amended by the Tax Reform Act of 1986, for a defined benefit plan

Future Plan Changes

No future plan changes were assumed.

Changes in Benefits Valued Since the Prior Measurement

There have been no changes in benefits valued since the prior year.

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	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	1	0	0	0	0	0	1
40-44	0	0	0	1	6	23	2	0	0	0	32
45-49	0	0	0	0	16	68	28	0	0	0	112
50-54	0	0	0	1	6	72	50	12	0	0	141
55-59	0	0	0	0	5	52	33	42	15	0	147
60-64	0	0	0	0	4	33	25	35	25	28	150
65-69	0	0	0	0	1	8	13	10	3	84	119
70 & over	0	0	0	0	1	2	0	2	2	29	36
Total	0	0	0	2	40	258	151	101	45	141	738

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

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Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	17,569,647	7,466,677	203,843,190	228,879,514
2026	16,738,032	1,766,989	196,256,971	214,761,992
2027	17,374,157	1,910,375	187,898,000	207,182,532
2028	17,656,832	2,020,923	179,706,356	199,384,111
2029	17,613,362	2,143,902	171,546,523	191,303,787
2030	17,502,213	2,272,560	162,834,381	182,609,154
2031	17,549,199	2,375,816	154,056,311	173,981,326
2032	17,697,488	2,432,673	145,908,190	166,038,351
2033	17,449,374	2,483,128	137,674,038	157,606,540
2034	17,465,591	2,535,382	129,078,982	149,079,955
2035	17,740,355	2,597,682	120,734,099	141,072,136
2036	17,639,847	2,647,207	112,855,983	133,143,037
2037	17,596,037	2,652,581	105,178,536	125,427,154
2038	17,681,257	2,621,208	97,572,109	117,874,574
2039	17,524,148	2,566,127	90,054,872	110,145,147
2040	17,331,558	2,520,086	82,659,717	102,511,361
2041	17,068,660	2,484,737	75,415,088	94,968,485
2042	16,831,267	2,451,199	68,357,611	87,640,077
2043	16,472,327	2,405,276	61,524,223	80,401,826
2044	15,969,801	2,334,806	54,950,350	73,254,957
2045	15,435,766	2,248,801	48,675,004	66,359,571
2046	14,880,406	2,151,658	42,733,788	59,765,852
2047	14,268,408	2,053,168	37,162,234	53,483,810
2048	13,630,617	1,947,860	31,992,669	47,571,146
2049	12,991,474	1,832,749	27,252,246	42,076,469
2050	12,311,402	1,725,314	22,960,984	36,997,700
2051	11,638,640	1,620,028	19,129,775	32,388,443
2052	10,972,833	1,503,105	15,759,141	28,235,079
2053	10,307,288	1,387,709	12,838,221	24,533,218
2054	9,650,602	1,276,025	10,345,988	21,272,615
2055	9,005,564	1,168,721	8,252,644	18,426,929
2056	8,374,871	1,066,314	6,521,250	15,962,435
2057	7,760,989	969,198	5,110,697	13,840,884
2058	7,165,075	877,602	3,978,261	12,020,938
2059	6,587,951	791,591	3,081,647	10,461,189
2060	6,030,774	711,158	2,380,897	9,122,829
2061	5,494,322	636,253	1,839,656	7,970,231
2062	4,979,490	566,794	1,425,833	6,972,117
2063	4,487,291	502,633	1,112,007	6,101,931
2064	4,018,745	443,605	875,365	5,337,715
2065	3,574,950	389,530	697,444	4,661,924
2066	3,156,977	340,208	563,665	4,060,850
2067	2,765,839	295,445	462,719	3,524,003
2068	2,402,450	255,000	386,022	3,043,472

Plan Name: Cleveland-Cliffs Steel LLC Pension Plan
EIN / PN: 71-0871785/009
Plan Sponsor: Cleveland-Cliffs Steel LLC
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	2,067,517	218,637	327,145	2,613,299
2070	1,761,544	186,137	281,341	2,229,022
2071	1,484,784	157,286	245,157	1,887,227
2072	1,237,276	131,871	216,081	1,585,228
2073	1,018,599	109,646	192,288	1,320,533
2074	827,913	90,378	172,459	1,090,750

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	(55,151,227)	15.00000	(55,151,227)	(5,142,325)
Shortfall	01/01/2024	(112,338,867)	14.00000	(104,662,358)	(10,220,624)
Shortfall	01/01/2023	346,532,654	13.00000	308,786,208	31,735,707
Total				148,972,623	16,372,758

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Valuation Date: January 1, 2025