Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

	_		Revenue Service		100011 101 11134				don.	المترنبية الرابع المنتسب
	_	_	lendar year 2019 or tax year beginning			, 2019	and end			, 20
	–		foundation					- 1	A Employer identif	
		Cleveland-Cliffs Foundation							34-65251	
	Number and street (or P O box number if mail is not delivered to street address) Room/suit						e	B Telephone numb	per (see instructions)	
			Public Square, Suite 3300						216-694-	5700
	Cit	y or t	own, state or province, country, and ZIP or foreign posta	l code					C If exemption applic	
	C	Clev	veland, OH 44114-2589						pending, check her	` ــــا ۲
	G	Che	eck all that apply Initial return		Initial return	of a former p	ublic cha	rity	D 1 Foreign organiza	itions, check here
			Final return		Amended re	turn `			2 Foreign organiza	ations meeting the
_			Address change		Name chang	e			85% test, check computation	here and attach
23	Н	Che	eck type of organization X Section 501(c)(3) ex	empt private f	oundation		Π	•	
14		s	Section 4947(a)(1) nonexempt charitable trust		ther taxable pr	ivate founda	tion	۱۲/		on status was terminated (1)(1)(A), check here
1	ī		market value of all assets at J Acco		nethod X C	ash Acc	rual		•	s in a 60-month termination
				ther (sp		_				o)(1)(B), check here
			▶\$ 4,682,623 (Part I,			ash basis)				
	Р	art	Analysis of Revenue and Expenses (The		Revenue and					(d) Disbursements
,			total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		penses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
	Т	1	Contributions, gifts, grants, etc., received (attach schedule) .	2	2,100,000					1
	-	2	Check Lift the toundation is not required to attach Sch B				i			1
	-	3	Interest on savings and temporary cash investments.		25,429	2	25,429		25,429	
	ı	4	Dividends and interest from securities						-	
3	-	5a	Gross rents							!
20	- [b	Net rental income or (loss)							
Received in	une	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales pnce for all assets on line 6a		1					
<u>a</u>	ايّ	7	Capital gain net income (from Part IV, line 2)	<u> </u>						
3 .6	۲	8	Net short-term capital gain							1
	1	9	Income modifications							1
Ā		10 a	Gross sales less returns and allowances				1			I
		h	Less Cost of goods sold .			,				1
<u>ئ</u> م			Gross profit or (loss) (attach schedule)			1				[
翼	١.	11	Other income (attach schedule)				_			1
3	- 1	12	Total. Add lines 1 through 11		2,125,429	2	5,429		25,429	1
		13	Compensation of officers, directors, trustees, etc							
	Expenses	14	Other employee salaries and wages						<u> </u>	
	١	15	Pension plans, employee benefits							
`	즺	16 a	Legal fees (attach schedule)			F	RECE	VE	D	
י כ	ij	b	Accounting fees (attach schedule)						70	
_ .	<u>ĕ</u>	b c 17 18 19 20	Other professional fees (attach schedule)	_		016	MAY 1 3	202	n Š	
'	<u>ē</u>	17	Interest			o .		-	Ø	
n :	2	18	Taxes (attach schedule) (see instructions)							
TOO CHUNCOS	틾	19	Depreciation (attach schedule) and depletion.				GDE	N, U	<u>T </u>	
٠ ٰ	팃	20	Occupancy							
7:	8	21	Travel, conferences, and meetings							
	ā	21 22	Printing and publications							
3 5	g,	23	Other expenses (attach schedule)		365					365
≥ ;	٦	23 24	Total operating and administrative expenses.							
2020	٥		Add lines 13 through 23		365					365
_ (5	25	Contributions, gifts, grants paid	1	1,528,080					1,528,080
		26	Total expenses and disbursements Add lines 24 and 25		,528,445					1,528,445
	\neg	27	Subtract line 26 from line 12			-				
			Excess of revenue over expenses and disbursements		596,984					
			Net investment income (if negative, enter -0-)		•	2	5,429			i
			Adjusted net income (if negative, enter -0-)						25,429	1

c Adjusted net income (if negative, enter -0-). .

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Page 2

2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable. 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶ 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges.	k Value 682, 623	(c) Fair Market Value 4, 682, 623
1 Cash - non-interest-bearing	682,623	4,682,623
2 Savings and temporary cash investments		
3 Accounts receivable ► Less allowance for doubtful accounts ► 4 Pledges receivable ► Less allowance for doubtful accounts ► 5 Grants receivable		
Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable		<u>.</u>
4 Pledges receivable ► Less allowance for doubtful accounts ► 5 Grants receivable		
Less allowance for doubtful accounts ► 5 Grants receivable		
5 Grants receivable		
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶ 8 Inventories for sale or use		
disqualified persons (attach schedule) (see instructions)		
Less allowance for doubtful accounts 8 Inventories for sale or use	-	
Less allowance for doubtful accounts 8 Inventories for sale or use		_
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges		
4 400 lawstmants 110 and other commenced abbundance (all-states)		
10a Investments - U.S. and state government obligations (attach schedule).		
b Investments - corporate stock (attach schedule)		
c Investments - corporate bonds (attach schedule)		
11 Investments - land, buildings, and equipment basis		. J
Less accumulated depreciation (attach schedule)		
12 Investments - mortgage loans		
13 Investments - other (attach schedule)		
14 Land, buildings, and equipment basis		
Less accumulated depreciation (attach schedule)		
15 Other assets (describe ▶)		
16 Total assets (to be completed by all filers - see the		4 600 600
	682,623	4,682,623
17 Accounts payable and accrued expenses		
18 Grants payable		<u> </u>
19 Deferred revenue		1
20 Loans from officers, directors, trustees, and other disqualified persons.		J . 1
19 Deferred revenue		1
- 22 Other liabilities (describe ▶)		
23 Total liabilities (add lines 17 through 22)		.
		<u> </u>
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.		,-
Net assets without donor restrictions	682,623	1
24 Net assets without donor restrictions	· ·	, ,
Foundations that do not follow FASB ASC 958, check here		i
and complete lines 26 through 30.		1
26 Capital stock, trust principal, or current funds		
27 Paid-in or capital surplus, or land, bldg , and equipment fund		- 1
28 Retained earnings, accumulated income, endowment, or other funds		
29 Total net assets or fund balances (see instructions)	682 <u>,</u> 623	• 1
30 Total liabilities and net assets/fund balances (see		. 1
instructions)	682 , 623	. 1
Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree	I	4 005 555
end-of-year figure reported on prior year's return).		4,085,639
2 Enter amount from Part I, line 27a		596,984
3 Other increases not included in line 2 (itemize) ▶	3	4 600 600
4 Add lines 1, 2, and 3		4,682,623
5 Decreases not included in line 2 (itemize) >	5	4 600 600
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29.	6_	4, 682, 623 Form 990-PF (2019)

		scribe the kind(s) of property sold (for e prick warehouse, or common stock, 200 s	• •	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)
1 a					_	
<u>t</u>						
C					-	
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
а	<u> </u>					
t) <u> </u>				_	
С						_
	· · · · · · · · · · · · · · · · · · ·					
е		howing gain in column (h) and owned	by the foundation on 12/31/69			
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) ga (k), but not less th Losses (from col	nan -0-) or
		as of 12/31/69	over col (j), if any		Losses (from cor	(n))
a					,	
<u>t</u>						
0						
<u>_</u> e						
2	Capital gain net income	or (net capital loss) {	in, also enter in Part I, line 7 uss), enter -0- in Part I, line 7	2		
3	• •	pain or (loss) as defined in sections				
	<u> </u>	Part I, line 8, column (c) See inst				
D.		Index Section 4940(a) for Bod		3		
(Fo	r optional use by domestic	c private foundations subject to the	luced Tax on Net Investment Investion 4940(a) tax on net investi		me)	
(Fo If se	r optional use by domestic ection 4940(d)(2) applies, s the foundation liable for	c private foundations subject to the	e section 4940(a) tax on net investi utable amount of any year in the b	ment inco	_	Yes No
(Fo If se Wa:	r optional use by domestic ection 4940(d)(2) applies, s the foundation liable for res," the foundation doesn	c private foundations subject to the leave this part blank the section 4942 tax on the distribi	e section 4940(a) tax on net investi utable amount of any year in the b o not complete this part	ment inco	d?	Yes No
(Fo If se Wa: If "Y	r optional use by domestic ection 4940(d)(2) applies, s the foundation liable for res," the foundation doesn	c private foundations subject to the leave this part blank the section 4942 tax on the distribunit qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions	utable amount of any year in the boon not complete this part ir, see the instructions before making the complete of the complete the c	ment inco	d?	lio
(Fo If se Wa: If "Y	r optional use by domesticection 4940(d)(2) applies, is the foundation liable for es," the foundation doesn. Enter the appropriate at (a) Base penod years lendar year (or tax year beginning in) 2018	c private foundations subject to the leave this part blank the section 4942 tax on the distribution of the qualify under section 4940(e) Demount in each column for each year (b) Adjusted qualifying distributions 844,716	utable amount of any year in the bit o not complete this part ir, see the instructions before making. (c) Net value of nonchantable-use assets 3,770,987	ment inco	d? itries (d) Distribution rat	(io cool (c)) 0.2240
(Fo If se Wa: If "Y	r optional use by domesticection 4940(d)(2) applies, is the foundation liable for es," the foundation doesn. Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017	c private foundations subject to the leave this part blank the section 4942 tax on the distribution to the distribution of the	utable amount of any year in the boo not complete this part ir, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344	ment inco	d? itries (d) Distribution rat	0.2240 0.2477
(Fo If se Wa: If "Y	r optional use by domestice tron 4940(d)(2) applies, so the foundation liable for es," the foundation does Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016	c private foundations subject to the leave this part blank the section 4942 tax on the distribution distribution of the part blank the section 4940(e). Domount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516	utable amount of any year in the boo not complete this part ir, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664	ment inco	d? itries (d) Distribution rat	0.2240 0.2477 0.2834
(Fo If se Wa: If "Y	r optional use by domestice of the foundation liable for res," the foundation doesn Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016 2015	c private foundations subject to the leave this part blank the section 4942 tax on the distribunt qualify under section 4940(e). Domount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383	utable amount of any year in the bronot complete this part in, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932	ment inco	d? itries (d) Distribution rat	0.2240 0.2477 0.2834 0.2599
(Fo If se Wa: If "Y	r optional use by domestice tron 4940(d)(2) applies, so the foundation liable for es," the foundation does Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016	c private foundations subject to the leave this part blank the section 4942 tax on the distribution distribution of the part blank the section 4940(e). Domount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516	utable amount of any year in the boo not complete this part ir, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664	ment inco	d? itries (d) Distribution rat	0.2240 0.2477 0.2834
(Fo If se Wa: If "Y Cal	r optional use by domestice ction 4940(d)(2) applies, so the foundation liable for Yes," the foundation doesn. Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (c private foundations subject to the leave this part blank the section 4942 tax on the distribin't qualify under section 4940(e) Domount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383 1,880,003	utable amount of any year in the boo not complete this part ir, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677	ment inco	d? itries (d) Distribution rat	0.2240 0.2477 0.2834 0.2599
(Fo Was If "Y Cal	r optional use by domestice of the foundation liable for rest. The foundation doesn Enter the appropriate and the foundary year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (Average distribution rations section 4940(d) (2) (2) (2) (3) (4) (4) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	c private foundations subject to the leave this part blank the section 4942 tax on the distribution of the qualify under section 4940(e). Domount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383 1,880,003	utable amount of any year in the boo not complete this part in see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677	ase period	d? itries (d) Distribution rat	0.2240 0.2477 0.2834 0.2599 0.4332
(Fo If se Wa: If "Y Cal	r optional use by domestice of the foundation liable for res," the foundation doesn Enter the appropriate at (a) Base penod years lendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (Average distribution ration the second years the number of years the	the section 4942 tax on the distribution of the distributions and provided in the section 4940 (e) Described	utable amount of any year in the bro not complete this part ir, see the instructions before making. (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677 e the total on line 2 by 5 0, or by fless than 5 years	ase period	d? Intries (d) Distribution rat (col (b) divided by	0.2240 0.2477 0.2834 0.2599 0.4332
(Fo If se Was If "Y 1 Cal 2 3	r optional use by domestice of the foundation liable for Yes," the foundation doesn Enter the appropriate at (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (Average distribution ration the number of years the enter the net value of notes.	leave this part blank the section 4942 tax on the distribunt qualify under section 4940(e) D mount in each column for each yea (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383 1,880,003 d)	utable amount of any year in the bit o not complete this part or, see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677 The the total on line 2 by 5 0, or by fless than 5 years om Part X, line 5	ase perioding any en	d? Itries (d) Distribution rat (col (b) divided by d	0.2240 0.2247 0.2477 0.2834 0.2599 0.4332 1.4482 0.2896
(Fo If se Was If "Y Cal 2 3	r optional use by domestice of the foundation liable for res," the foundation doesn Enter the appropriate an (a) Base period years lendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (Average distribution ration the number of years the multiply line 4 by line 3.	leave this part blank the section 4942 tax on the distribunt qualify under section 4940(e) D mount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383 1,880,003 d)	utable amount of any year in the boo not complete this part in see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677 et the total on line 2 by 5 0, or by fless than 5 years om Part X, line 5	ase perioding any en	d? Itries (d) Distribution rat (col (b) divided by d	0.2240 0.2477 0.2834 0.2599 0.4332 1.4482 0.2896
(Fo If se Wa: If "Y Cal 2 3	r optional use by domestic ection 4940(d)(2) applies, is the foundation liable for 'es," the foundation doesr. Enter the appropriate an (a) Base penod years lendar year (or tax year beginning in) 2018 2017 2016 2015 2014 Total of line 1, column (Average distribution ration the number of years the Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investments.	leave this part blank the section 4942 tax on the distribin't qualify under section 4940(e) Dimount in each column for each year (b) Adjusted qualifying distributions 844,716 668,458 902,516 1,142,383 1,880,003 d)	utable amount of any year in the boo not complete this part in see the instructions before making (c) Net value of nonchantable-use assets 3,770,987 2,698,344 3,184,664 4,395,932 4,339,677 et the total on line 2 by 5 0, or by fless than 5 years om Part X, line 5	ase period ng any en 2 3 4	d? Intries (d) Distribution rat (col (b) divided by	0.2240 0.2477 0.2834 0.2599 0.4332 1.4482 0.2896

4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12				
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ N/A			
14	The books are in care of ▶ TRACI L. FORRESTER Telephone no ▶216-694-	5700		
	Located at ▶ 200 PUBLIC SQUARE, SUITE 3300 CLEVELAND, OHIO ZIP+4 ▶ 44114			
15			>	T
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶			-
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			Į
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?]
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?]
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			l
	the benefit or use of a disqualified person)?			ı
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			Ì
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			1
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			- 1
U	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			1
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
·	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))]
•	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			Ì
-				ı
	William State of the Control of the			1
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			ı
·				l
22	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
Ja	at any time during the year?			
	of "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
				Ì
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		
4	foundation had excess business holdings in 2019)	30 4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	74		1
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	40		41

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (contin	ued)		
5a	During the year, did the foundation pay or incur any amo	ount to	·	-		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	1.			
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? See instructions Yes X No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
			•		X No		1
_	purposes, or for the prevention of cruelty to children						l i
D	If any answer is "Yes" to 5a(1)-(5), did any of the		•	-		_	
	Regulations section 53 4945 or in a current notice regar	-	-			D	├
	Organizations relying on a current notice regarding disa				▶∟	ľ	1
С	If the answer is "Yes" to question 5a(4), does the		•		¬		
	because it maintained expenditure responsibility for the	•		Yes [No		
	If "Yes," attach the statement required by Regulations s	` '					
6a	Did the foundation, during the year, receive any fur	-			<u> </u>		
	on a personal benefit contract?			. — -	X No _		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	6	b	X.
	If "Yes" to 6b, file Form 8870					- 1	
7a	At any time during the tax year, was the foundation a p				X No		المسما
b	If "Yes," did the foundation receive any proceeds or ha	•		ion?	7	b	<u> </u>
8	Is the foundation subject to the section 4960 tax on page						
	remuneration or excess parachute payment(s) during the	year?			X No	,	<u> </u>
Par	t VIII Information About Officers, Directo and Contractors	rs, Trustees, Fol	indation Manager	s, rignly Paid	a Employees	,	
1	List all officers, directors, trustees, and foundat	ion managers and	their compensation	See instruction	ne		
			then compensation	. Occ monacuc	711 3 .		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benefit and deferred compe	s to (e) Exp	ense acco	
SEE		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
SEE	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	s to (e) Exp		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribution employee benefit and deferred compe	s to plans other o	allowanc	es ·
2	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (if not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	allowanc	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee ben	structions). If	none,	enter
2	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
2 (a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those to the content of t	(c) Compensation (lf not paid, enter -0-)	(d) Contribution employee benefit and deferred comps e 1 - see ins (d) Contribution employee beneplans and defe	structions). If	none,	enter
(a)	(a) Name and address ATTACHED SCHEDULE Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week devoted to position	(c) Compensation (if not paid, enter -0-) ce included on line (c) Compensation	(d) Contribution employee benefit and deferred compe	structions). If	none,	enter

3 Five highest-paid independent contractors for professional services. See	e instructions. If none, enter "NONE	. "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-	_	
<u>-</u>		
-	_	
	-	
	_	
	_	
	<u> </u>	
tal number of others receiving over \$50,000 for professional services	<u> </u>	<u> </u>
art IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state	istical information such as the number of	Expenses
organizations and other beneficianes served, conferences convened, research papers produced, etc	· · · · · · · · · · · · · · · · · · ·	-
1 THE FOUNDATION ENGAGES IN GRANT MAKING ACTIVITIES ON	ILY.	
2		
3		
4		
art IX-B Summary of Program-Related Investments (see instructions	e)	
Describe the two largest program-related investments made by the foundation during the tax year on lin	-	Amount
1 N/A	ies i and 2	
M/A		
		
		
2		
All other program-related investments See instructions		
3		

Form **990-PF** (2019)

Pai	rt X . Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	. 1a	3,639,362
b			281,660
С			
d			3,921,022
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets		
3	Subtract line 2 from line 1d		3,921,022
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	. 4	58,815
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		3,862,207
6	Minimum investment return. Enter 5% of line 5	. 6	193,110
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part)	undations	
1	Minimum investment return from Part X, line 6	. 1	193,110
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 50	9	
b			
С		. 2c	509
3	Distributable amount before adjustments Subtract line 2c from line 1	1 1	192,601
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	. 5	192,601
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	1 1	192,601
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	=-#(-),(-),(-),(-),(-),(-),		1,528,445
b	The second secon		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	1 1	
	purposes	· 2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	A A		
b		 	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		1,528,445
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1 1	
	Enter 1% of Part I, line 27b See instructions.		
6	Adjusted qualifying distributions. Subtract line 5 from line 4		1,528,445
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when a	calculating v	whether the foundation

Part XIII Undistributed Income (see instru	uctions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	Corpus	rears prior to 2010	2010	
line 7				192,601
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only				
b Total for pnor years 20,20,20				
3 Excess distributions carryover, if any, to 2019				
a From 2014 1,663,156				
b From 2015 922,834				
C FIOIII 2010				
d From 2017		,		
e From 2018				<u> </u>
f Total of lines 3a through e	4,521,644			<u> </u>
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 1,528,445				
a Applied to 2018, but not more than line 2a				<u> </u>
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				1
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus	1,335,335]
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,856,979			
b Prior years' undistributed income Subtract			· · · · · · · · · · · · · · · · · · ·	i
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				1
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1 This amount must be distributed in 2020				192,601
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be		· ·		
required - see instructions)				1
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	1,663,156			
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a	4,193,823			
10 Analysis of line 9		-		
a Excess from 2015 922,834]
b Excess from 2016				1
c Excess from 2017 533,741				
d Excess from 2018 657, 430				
e Excess from 2019 1,335,335				
				- 000 DE

		_
Page	1	a

Pa	rt XIV Private Op	erating Foundations	s (see instructions a	ind Part VII-A, quest	tion 9)		
1 a	If, the foundation has						
	foundation, and the ruling	g is effective for 2019, e	hter the date of the ruling	1	▶		
b	Check box to indicate v	whether the foundation	is a private operating	foundation described i	n section	4942(j)(3)	or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part	(a) 2019	(b) 20(8	(c) 2017	(d) 20	16	(0) 1041
	I or the minimum investment						
	return from Part X for each year listed						
h	85% of line 2a		_			_	
							$\overline{}$
C	Qualifying distributions from Part XII, line 4, for each year listed .	1					
d	Amounts included in line 2c not						_/
	used directly for active conduct					ر ا	
	of exempt activities						
е	Qualifying distributions made directly for active conduct of						
	exempt activities Subtract line				\ /		
3	2d from line 2c				+	-	
•	alternative test relied upon						
а	"Assets" alternative test - enter				1		
	(1) Value of all assets					\leftarrow	
	(2) Value of assets qualifying under section]		
	4942(j)(3)(B)(i)					\rightarrow	
þ	"Endowment" alternative test-						
	enter 2/3 of minimum invest- ment return shown in Part X,				1		\
	line 6 for each year listed						
С	"Support" alternative test - enter						
	(1) Total support other than						
	gross investment income (interest, dividends, rents,						
	payments on secunties						
	loans (section 512(a)(5)), or royalties)	/				ļ.	
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in section 4942					-	
	(j)(3)(B)(iii)						
	port from an exempt					l	
	organization			 			
D۵	<u> </u>	ntary Information (Complete this par	t only if the found	lation had \$	5 000 or r	nore in assets at
		uring the year - see		comy in this round		.,	
1	Information Regardin		<u>*</u>				
·	List any managers of	-		re than 2% of the to	tal contributio	ns received	by the foundation
_	before the close of any						•
	·		•				
_	List any managers of	the foundation who	own 10% or more o	of the stock of a cor	poration (or a	n equally is	arge portion of the
u	ownership of a partner					in equally is	arge portion or the
	Owneromp of a partitor	omp or other ordity, o	William the regulation				
_	Information Regardin	- Contribution Grant	Cift Loan Sabalara	hin eta Brograma:			
2	Ğ	•					
		the foundation only					
	unsolicited requests for complete items 2a, b,			ants, etc., to individu	als of organiz	cations unde	er other conditions,
	•			<u> </u>		14 6 44	d
	The name, address, a					uid be addres	sseu
ANN	A EDIGER, CLEVELAND-C	CLIFFS FOUNDATION, 2	00 PUBLIC SQUARE, S	SUITE 3300 CLEVELAN	D, OH 44114	1-	
D	The form in which app	ilications should be sui	omitted and informati	on and materials they	/ snoula includ	е	
			\				
	LICATIONS SHOULD BE		D GIVE DETAILS OF B	HOW CONTRIBUTIONS W	OULD BE USED		
C	Any submission deadli	nes					
NO						_	
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, charit	table fields, l	kinds of ins	stitutions, or other
	factors						
NO	NE						
JSA 9E14	190 1 000						Form 990-PF (2019)

Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or App	roved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE ATTACHED SCHEDULE				
	,			
•				•
,				
				,
	-			
b Approved for future payment		<u></u>	▶ 3a	
SEE ATTACHED SCHEDULE				
·				
•				
,			· ·	
Total			▶ 2h	

Part Avia Analysis of Income-Prod			Evaluded b	v sootion 512 512 or 514	(e)
Enter gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	y section 512, 513, or 514 (d) Amount	Related or exempt function income
1 Program service revenue a		· <u>-</u> -	+		(See instructions)
a b					
c					
d			_		
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property	-				
7 Other investment income	-				
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events · · ·		<u> </u>			
10 Gross profit or (loss) from sales of inventory			_	<u>-</u>	
b ther revenue a					
b					
d			1		
e					
12 Subtotal Add columns (b), (d), and (e)			<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)	•			13	<u> </u>
(See worksheet in line 13 instructions to verify calci					
Part XVI-B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. Explain below how each activity	v for which	n income is reported	ın column (e	e) of Part XVI-A contrib	uted importantly to the
▼ accomplishment of the foundation					
THE FOUNDATION ENGAGES					
ALL RECEIPTS ARE USED	TO DIST	RIBUTE TO CHARI	TABLE OR	GANIZATIONS.	· · · · · · · · · · · · · · · · · · ·
	-				
					
					<u>-</u>

		.	· · · · · ·	, -	
				· -	
	<u> </u>			,	
					
	-				
			<u> </u>		
					_
		-			

	Organizations								
1 Did th	e organization direct	ly or indirectly e	ngage in any of the	following with	n any other orga	inization described		Yes	No
ın se	ction 501(c) (other	than section 5	501(c)(3) organizati	ons) or in s	ection 527, re	lating to political			
organi	zations?) '		
	ers from the reportin								l
	sh								X
, .	her assets	• • • • • • • • •		• • • • • •			1a(2)	 	<u>X</u>
	transactions								
	les of assets to a no		-						X
	rchases of assets fro		· -						X
	ntal of facilities, equi	-							X
	imbursement arrange							-	X
	ans or loan guarantee								X
	rformance of service g of facilities, equipm	· · · · · · · · · · · · · · · · · · ·	_					\vdash	$\frac{\hat{x}}{x}$
	answer to any of th							four m	
	of the goods, other								
	in any transaction or								
(a) Line no.	(b) Amount involved	T	ncharitable exempt organiz		····	fers, transactions, and sha			
		<u> </u>		1 (-)	,	<u></u>			
									
									
		(
	<u> </u>								
			<u>-</u>						
	foundation directly of	_			· · · · · · · · · · · · · · · · · · ·			_	1
describ	ped in section 501(c)	(other than secti	on 501(c)(3)) or in se	ection 527?.			Y	es 🔔	No
_ b If "Yes	<u>," complete the follow</u>	wing schedule.							
	(a) Name of organization	1	(b) Type of organ	nization		(c) Description of relations	thib —		<u></u>
	····				- 				
					 				
									
Under	- Americka at autour 1 does	That I have average	t the column coludno coco		and statements and t	the best of my knowledge		alaf il	
correc	it, and complete Double of	proparer (other than tax	d this return, including accor payer) is based on all information	n of which preparer	has any knowledge	to the best of my knowledg	je and b	eller, it	is true,
Sign	Y 11/1/1/11	Min Man	-1.5/5/20			May the IRS	discus	s this	relum
Here Sin		minus.	19/3/20	<u> </u>	reasurer		eparer s	~	pelow?
Sigi	nature of officer or trustee		Date • •	Title		See instruction	s	Yes	No
	Print/Type preparer's nar		Preparer's signature		Date	7	PTIN		
Paid	r into type preparers nar	ine .	Lichard 2 Signature		Cate	Cireck	- 1114		
Preparer	-		1			self-employed			
Use Only	Firm's name					Firm's EIN			
Jac Offiny	Firm's address					D			
						Phone no.	QQ1)-PF ((2010)
						ro	336	, , ,	(E102)

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

OMB No 1545-0047

2019

Name of the organization

Employer identification number

Cleveland-Cliffs Fo	oundation	34-6525124
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	rivate foundation
	501(c)(3) taxable private foundation	
Check if your organization is	s covered by the General Rule or a Special Rule.	
• •	(7), (8), or (10) organization can check boxes for both the Genera	al Rule and a Special Rule See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the y y or property) from any one contributor. Complete Parts I and II s contributions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule and that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990	A (Form 990 or 990-EZ), Part II, line contributions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or go the year, total contributions of more than \$1,000 exclusively for the prevention of cruelty to children or animal purposes, or for the prevention of cruelty to children or animal purposes.	r religious, charitable, scientific,
contributor, during contributions total during the year fo General Rule appl	on described in section 501(c)(7), (8), or (10) filing Form 990 or go the year, contributions exclusively for religious, charitable, etc., led more than \$1,000. If this box is checked, enter here the total or an exclusively religious, charitable, etc., purpose. Don't completilies to this organization because it received nonexclusively religious more during the year.	purposes, but no such I contributions that were received ete any of the parts unless the us, charitable, etc , contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
Cleveland-Cliffs Foundation

Employer identification number 34-6525124

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	CLEVELAND-CLIFFS INC. 200 PUBLIC SQUARE, SUITE 3300 CLEVELAND, OHIO 44114	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
,		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for		

Name of organization
Cleveland-Cliffs Foundation

Employer identification number

34-6525124

Part II	Noncash Property	(see instructions)	Use duplicate copies of P	Part II if additional space is needed
---------	-------------------------	--------------------	---------------------------	---------------------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number Cleveland-Cliffs Foundation

Part III Frequency religious charit 34-6525124

No.	duplicate copies of Part III if addit	ional space is needed	
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
	Transferee's name address a	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, a		reationship of transferor to transferee
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	
	Transferee's name, address, al	,,	Relationship of transferor to transferee
<u>-</u>			
n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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n	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held
n		(e) Transfer of gift	
		(e) Transfer of gift	
n til		(e) Transfer of gift	
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
n til	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee

2019 FORM 990-PF, RETURN OF PRIVATE FOUNDATION SCHEDULES ATTACHED

Part I, Line 1, Column A Gross Contributions Received			• •	•
Part I Expenses				2
Part VIII Schedule of Compensation of Officers and Trustees		•		3
Attachment A Contributions Paid in 2019	•			4
Attachment B Contributions Approved for Future Payment	_			

2019 FORM 990-PF, RETURN OF PRIVATE FOUNDATION PART I, LINE 1, COLUMN A -- GROSS CONTRIBUTIONS RECEIVED

<u>Date Received</u> <u>Amount</u>

Cleveland-Cliffs Inc

200 Public Square, Suite 3300

Cleveland, OH 44114

Various

\$2,100,000

2019 FORM 990-PF, RETURN OF PRIVATE FOUNDATION PART I -- EXPENSES

Line 23 -- Other Expenses

Checks	\$166
Filing Fees-State of Ohio	\$200

<u>\$366</u>

2019 FORM 990-PF, RETURN OF PRIVATE FOUNDATION PART VIII -- SCHEDULE OF COMPENSATION OF OFFICERS AND TRUSTEES MANAGERS OF THE CLIFFS FOUNDATION

James D Graham	President	200 Public Square, Suite 3300 Cleveland, Ohio 44114
Traci L Forrester	Secretary	200 Public Square, Suite 3300 Cleveland, Ohio 44114
Denise M Caruso	Treasurer	200 Public Square, Suite 3300 Cleveland, Ohio 44114
Terry G Fedor	Trustee	200 Public Square, Suite 3300 Cleveland, Ohio 44114
Maurice Harapiak	Trustee	200 Public Square, Suite 3300 Cleveland, Ohio 44114

Cleveland- Cliffs Foundation Contributions Approved for Future Payment Attachment (B) to Form 990-PF

Recipient's Name	Location	Purpose of Contribution	Amount	
Education				
AIST Foundation	Warrendale, PA	Operating	\$	36,000
Friends of Breakthrough Schools	Cleveland, OH	Operating & Capital	\$	1,000,000
Healthy Communities				
Beacon House	Marquette, MI	Capital	\$	200,000
Bellefaire JCB	Cleveland, OH	Operating	\$	5,000
United Way of Greater Cleveland	Cleveland, OH	Operating	\$	200,000
United Way of Northeast Minnesota	Chisholm, MN	Operating	\$	10,000
Vibrant Communities				
Ishpeming Public School District	Ishpeming, MI	Capital	\$	20,000
Legal Aid Society of Cleveland	Cleveland, OH	Operating	\$	60,000
Playhouse Square Foundation	Cleveland, OH	Operating	\$	300,000
Total			\$	1,831,000