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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/30/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
- [X] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARCBEST CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
ARCBEST CORPORATION

P.O. BOX 10048
FORT SMITH, AR 72917-0048

8401 MCCLURE DR
FORT SMITH, AR 72916

2b Employer Identification Number (EIN)
71-0673405

2c Plan Sponsor's telephone number
479-785-6000

2d Business code (see instructions)
484120

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.	10/12/2020	ERIN K. GATTIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	500
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)**	100
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
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**	0
f Total. Add lines **6d** and **6e**.	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristics Codes in the instructions:

1A 1I 3H

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

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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/30/2019

A Name of plan
ARCBEST CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARCBEST CORPORATION

D Employer Identification Number (EIN)
71-0673405

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

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

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

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

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 38 50 59 61 62 63 64	RECORDKEEPER	275089	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

BKD LLP

44-0160260

(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 50	AUDITOR	39000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIARY VEST LLC

20-2217636

(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?
27 50	INVESTMENT MANAGEMENT	20000	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)

RIVER AND MERCANTILE SOLUTIONS, LLC

04-3513306

(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?
16 50	CONSULTANT	17500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KUTAK ROCK, LLP

47-0597598

(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?
17 29 50	LEGAL ADVISOR	11591	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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
TRANSAMERICA RETIREMENT SOLUTIONS	11 12 15 28 38 50 59 61 62 63 64	0

(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.
EATON VANCE TWO INTERNATIONAL PLACE BOSTON, MA 02110	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
EATON VANCE TWO INTERNATIONAL PLACE BOSTON, MA 02110	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(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 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/30/2019

A Name of plan
ARCBEST CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARCBEST CORPORATION

D Employer Identification Number (EIN)
71-0673405

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)	6200000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	15062	0
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)	9768	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26650087	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	32874917	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	29098	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	29098	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	32845819	0

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)	1510000	
	(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)		1510000
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)		0
	(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)	196224	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		196224
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	9803	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9770	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		33
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		141056
c Other income	2c		-2520
d Total income. Add all **income** amounts in column (b) and enter total	2d		1844793
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32818447	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1477811	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		34296258
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	57880	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	21174	
(4) Other	2i(4)	315300	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		394354
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		34690612
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-32845819
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: BKD LLP **(2)** EIN: 44-0160260

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... [X] Yes [ ] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... [X] Yes [ ] No [ ] Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4234315. (See instructions.)

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/30/2019

A Name of plan
ARCBEST CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARCBEST CORPORATION

D Employer Identification Number (EIN)
71-0673405

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** 0

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): 13-3689044

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** 378

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 contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

ArcBest Corporation Pension Plan

EIN 71-0673405 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2019 and 2018

ArcBest Corporation Pension Plan

December 31, 2019 and 2018

Contents

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets in Liquidation 3

Statements of Changes in Net Assets in Liquidation 4

Notes to Financial Statements 5

Supplemental Schedule

Schedule H, Line 4j – Schedule of Reportable Transactions 17

BKD LLP
CPAs & Advisors

809 S. 52nd Street, Suite A // P.O. Box 1893 // Rogers, AR 72757-1893
479.845.0270 // fax 479.845.0840 // bkd.com

Independent Auditor's Report

Investment Committee and Plan Administrator
ArcBest Corporation Pension Plan
Fort Smith, Arkansas

We have audited the accompanying financial statements of ArcBest Corporation Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, 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's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of ArcBest Corporation Pension Plan as of December 31, 2019 and 2018, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in *Note 2* to the financial statements, the Board of Directors of ArcBest Corporation, the Plan's sponsor, voted on October 30, 2017, to terminate the Plan, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis to the liquidation basis used in presenting the 2019 and 2018 financial statements. Our opinion is not modified with respect to this matter.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

BKD, LLP

Rogers, Arkansas
October 12, 2020

Federal Employer Identification Number: 44-0160260

ArcBest Corporation Pension Plan

Statements of Net Assets in Liquidation

December 31, 2019 and 2018

	2019	2018
Assets		
Investments, At Fair Value		
ArcBest Pension Trust	$ –	$ 26,659,855
Receivables		
Employer contributions	–	6,200,000
Accrued interest, dividends and other	–	15,062
Estimated employer contributions expected to be made in liquidation	–	1,510,000
Accrued income expected to be earned in liquidation	–	334,140
	–	8,059,202
Total Assets	–	34,719,057
Liabilities		
Accrued investment fees	–	29,098
Estimated payments for participant benefits upon liquidation	–	34,296,488
Accrued expenses expected to be incurred in liquidation	–	382,083
Total Liabilities	–	34,707,669
Net Assets in Liquidation	$ –	$ 11,388

ArcBest Corporation Pension Plan

Statements of Changes in Net Assets in Liquidation

Years Ended December 31, 2019 and 2018

	2019	2018
Contributions		
Employer	$ –	$ 6,200,000
Deductions		
Benefits paid directly to participants	(187)	105,520,885
Purchase of nonparticipating annuity contract	(43)	–
Administrative expenses	12,271	425,860
Total deductions	12,041	105,946,745
Net Investment Income		
Net appreciation (depreciation) in fair value of investments	623	(744,162)
Interest and dividends	30	3,006,134
Net investment income	653	2,261,972
Net Decrease	(11,388)	(97,484,773)
Adjustment to Liquidation Basis		
Change in estimated employer contributions expected to be made in liquidation	–	1,510,000
Change in accrued income expected to be earned in liquidation	–	(2,655,918)
Change in estimated benefits to be paid directly to participants upon liquidation	–	(18,859,836)
Change in estimated purchase of nonparticipating annuity contract	–	(13,958,841)
Change in estimated transfer of benefit obligation to PBGC	–	(1,477,811)
Change in accrued expenses expected to be incurred in liquidation	–	279,057
Total adjustment to liquidation basis	–	(35,163,349)
Net Decrease after Adjustment to Liquidation Basis	(11,388)	(132,648,122)
Net Assets in Liquidation, Beginning of Year	11,388	132,659,510
Net Assets in Liquidation, End of Year	$ –	$ 11,388

ArcBest Corporation Pension Plan

Notes to Financial Statements

December 31, 2019 and 2018

Note 1: Description of the Plan

The following description of the ArcBest Corporation Pension Plan (the "Plan") provides only general information. Additional information about the vesting and benefit provisions and the benefit guarantee of the Pension Benefit Guarantee Corporation (the "PBGC") is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator, ArcBest Corporation.

General

The Plan is a noncontributory defined benefit plan sponsored by ArcBest Corporation (the "Company" or the "Plan Sponsor") that covers certain noncontractual employees of the Company and certain of its wholly owned subsidiaries: ABF Freight System, Inc., ABF Cartage, Inc., ArcBest II, Inc., ArcBest Technologies, Inc., FleetNet America, Inc., and Land-Marine Cargo, Inc. The Plan provides for retirement, death and disability benefits and is subject to provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

As the Plan Administrator and Plan Sponsor, the Company has overall responsibility for the operation and administration of the Plan. The Plan has an Investment Committee which is comprised of employees of the Company or its subsidiaries. The Investment Committee establishes and reviews the investment policy of the Plan, determines the number and type of investments in the Plan, and monitors the Plan's investment performance.

For 2019 and 2018, Transamerica Retirement Solutions Corporation was the Plan's actuary and State Street Bank and Trust company was the Plan trustee. At December 31, 2019 and 2018, the Plan's assets were held by State Street Bank and Trust Company in the ArcBest Pension Trust.

The Plan was amended in June 2013 to freeze the participants' final average compensation and years of credited service as of July 1, 2013. The vested benefits of retirees or former employees whose benefits had not yet been paid from the Plan were not impacted by the July 1, 2013 Plan freeze.

In November 2017, an amendment was executed to terminate the Plan with a termination date of December 31, 2017. In September 2018, the Plan received a favorable determination letter from the U.S. Internal Revenue Service (the "IRS") regarding qualification of the Plan termination (see *Note 3*). Plan participants were given an election window in which they could elect any form of payment allowed by the Plan for immediate commencement of payment or defer payment until a later date. The Plan distributed immediate lump sum benefit payments related to the Plan termination during 2018 and 2019. In 2019, the Plan settled liabilities for benefits with the purchase of a nonparticipating annuity contract from an insurance company and the transfer of the remaining benefits to the PBGC (see *Note 2*). Plan termination was completed in 2019 and the Plan was liquidated as of December 31, 2019 (see *Note 2*).

Eligibility

Prior to January 1, 2006, an employee was eligible to participate in the Plan on the later of the date the employee attained age 21 or completed one year of service. Participation in the Plan was closed to new participants effective January 1, 2006. Employees of the Company and its wholly owned subsidiaries hired after December 31, 2005 are not eligible to participate in the Plan. Effective July 1, 2013, participation in the Plan was frozen for all remaining participants of the nonunion defined benefit pension plan who were active employees of the Company and these employees became eligible to participate in the Company's nonunion defined contribution plan in which substantially all noncontractual employees hired subsequent to December 31, 2005 also participate.

Contributions

Prior to funding the Plan termination, employer contributions were based upon the minimum funding levels required under the provisions of ERISA as amended by the Pension Protection Act of 2006 (the "PPA"). Additional voluntary employer contributions may be made based on the consideration of various factors, including deductible limits allowable by the U.S. Internal Revenue Code (the "IRC") and contributions anticipated to be required to fund the Plan termination. The Plan had an adjusted funding target attainment percentage ("AFTAP") of 108.8% as of the January 1, 2018 actuarial valuation date. An AFTAP certification was not required as of January 1, 2019 due to the December 31, 2017 Plan termination date.

The IRC allows contributions made within 8½ months after the close of the plan year to be allocated to such plan year at the election of the Plan Sponsor. The Plan met the minimum funding requirements established by ERISA without a required minimum cash contribution for the 2018 plan year; however, the Company made a voluntary cash contribution of $5,500,000 during 2018 which was allocated to the 2017 plan year. During 2019, the Company made cash contributions of $7,710,000 to fund the Plan termination. Of this amount, $6,200,000 was allocated to the 2018 plan year and $1,510,000, which was accrued in liquidation in the 2018 plan year, was allocated to the 2019 plan year (see *Note 2*).

Vesting

Plan participants who were active as of January 1, 2007 were fully vested after 3 years of continuous service. Plan participants who terminated employment prior to January 1, 2007 were vested after 5 years of continuous service. Upon death, disability or normal retirement, as defined by the Plan, participants became fully vested in their benefit amounts. Upon Plan termination, all benefits are reported as vested. The accumulated plan benefit information presented in *Note 5* was determined using the liquidation basis of accounting and, accordingly, all benefits are reported as vested at December 31, 2019 and 2018.

Pension Benefits

The retirement benefits for both normal retirement and early retirement are based upon a participant's years of credited service, the highest average monthly earnings for sixty consecutive months expressed in terms of annual compensation, and participant contributions, if any, plus related earnings thereon. The final average compensation and years of credited service used to calculate a participant's retirement benefit were frozen as of July 1, 2013.

The Plan provides for normal retirement upon reaching age 65. A participant is eligible for early retirement upon reaching age 55 and completing at least 10 years of vesting service.

Upon termination of service, a participant may elect to receive the vested balance of the participant's account as a lump sum, which will be paid either as a direct rollover or directly to the participant, or as monthly payments. The Plan allows eligible Plan participants to make in-service withdrawals upon attainment of age 62.

Death Benefits

Upon the death of the participant, the beneficiary of a participant will receive the participant's vested accrued benefit, as defined in the Plan, which benefit is immediately payable to the beneficiary in the form of a lump-sum amount or monthly payments.

Revisions

Certain revisions have been made to the 2018 financial statements to provide further detail of the adjustment to liquidation basis presented in the statements of changes in net assets in liquidation. These revisions did not have an impact on the total adjustment to liquidation basis or net assets in liquidation for the year ended December 31, 2018.

Note 2: Plan Termination

In November 2017, an amendment was executed to terminate the Plan with a termination date of December 31, 2017. In September 2018, the Plan received a favorable determination letter from the IRS regarding qualification of the Plan termination (see *Note 3*). Benefit election forms were provided to Plan participants and, after an election window in which participants could elect any form of payment allowed by the Plan for immediate commencement of payment or defer payment until a later date, the Plan began distributing immediate lump sum benefit payments related to the Plan termination in fourth quarter 2018 and continued making these distributions through September 2019. During 2019, the Plan settled liabilities for benefits with the purchase of a nonparticipating annuity contract from an insurance company and the transfer of the remaining benefits to the PBGC as further discussed within this Note. The Plan termination was completed in 2019 and the Plan was liquidated as of December 31, 2019.

Annuity Contract Purchase

The Plan received an extension from the PBGC to allow additional time for the Plan to administer the settlement of the remaining obligation for deferred benefits through the purchase of a nonparticipating annuity contract. In August 2019, the Plan purchased a nonparticipating annuity contract from an insurance company for $13,958,798 to irrevocably settle the benefit obligation related to: (1) the vested benefits of 59 Plan participants who elected to defer their benefit distribution to a later date, and (2) the vested benefits of 61 Plan participants and beneficiaries who were receiving monthly benefit payments as of the contract purchase date. The Plan does not own participation rights to receive future dividends or retrospective rate credits from the insurance company; therefore, the cost of the annuity contract is excluded from Plan assets. Benefits provided by the contract are not recorded as benefits provided by the Plan. Prior to the annuity contract purchase, the Company made a $6,200,000 cash contribution to the Plan in August 2019 to fund the amount of the annuity contract purchase in excess of Plan assets.

Transfer of Benefit Obligation to PBGC

In September 2019, the Plan transferred $1,477,811 to the PBGC for the remaining obligation for the vested benefits of 30 Plan participants who could not be located for payment. Prior to the transfer to the PBGC, the Company made a $1,510,000 cash contribution to the Plan in September 2019 to fund the remaining benefit distributions paid from the Plan and the obligation transferred to the PBGC in excess of Plan assets.

ERISA Termination Provisions

The termination of the Plan is subject to the provisions set forth in ERISA. The net assets of the Plan are allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

c. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.

d. Vested benefits not insured by the PBGC.

e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

As previously discussed within this Note, the Company made cash contributions to the Plan to fund the settlement of accumulated benefit obligations in excess of Plan assets in Plan termination. The vested benefits of all Plan participants were settled by distributions to Plan participants or by the transfer of benefit obligations to the PBGC or to an insurance company through the Plan's purchase of a nonparticipating annuity contract.

Note 3: Summary of Significant Accounting Policies

Basis of Accounting

In November 2017, an amendment was executed to terminate the Plan with a termination date of December 31, 2017. The Plan termination was completed in 2019 and the Plan was liquidated as of December 31, 2019. As a result, the accompanying financial statements as of and for the years ended December 31, 2019 and 2018 have been prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States. This basis of accounting is considered appropriate when liquidation of a plan is probable and the net realizable value of assets is reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments as of December 31, 2018 is fair value. The Plan held no investments as of December 31, 2019. Estimates of contributions expected to be made, income expected to be earned, payments expected to be made for participant benefits, and expenses expected to be incurred in liquidation were accrued as of December 31, 2018. There are no other material changes to the accompanying financial statements as of and for the years ended December 31, 2019 and 2018 as a result of the change to the liquidation basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets in liquidation, disclosure of contingent liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Actuarial Assumptions

Accounting principles generally accepted in the United States require disclosure of certain significant estimates. Plan contributions were made and the actuarial present value of accumulated plan benefits was reported based on certain assumptions pertaining to interest rates, inflation rates, employee demographics, and Plan termination assumptions, all of which were subject to change prior to completion of the Plan termination. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could have materially affected the amounts reported and disclosed in the financial statements.

Valuation of Investments and Income Recognition

Investments are stated at fair value. Quoted market prices, if available, are used to value investments. Quoted prices for mutual funds are the net asset value ("NAV") of shares held by the Plan at the financial statement date. For certain investments consisting of corporate debt instruments for which quoted prices in active markets may not be available, fair value is primarily established using inputs derived from observable market data. See *Note 4* for discussion of fair value measurements.

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

As previously discussed within this Note, the accompanying financial statements as of and for the years ended December 31, 2019 and 2018 have been prepared on the liquidation basis of accounting. Accordingly, estimates of income expected to be earned and expenses expected to be incurred in liquidation were accrued as of December 31, 2018. Termination of the Plan was completed in 2019 and the Plan was liquidated as of December 31, 2019.

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Remaining benefits expected to be paid to participants in liquidation were accrued in the financial statements as of December 31, 2018.

Administrative Expenses

For the years ended December 31, 2019 and 2018, administrative expenses paid by the Plan include PBGC insurance premiums and certain investment management, actuarial, Plan administration, investment advisory, fiduciary consulting, audit, and legal fees. Fees paid by the Plan for securities brokerage and certain investment management services are included in net appreciation (depreciation) in fair value of investments during 2019 and 2018. The Company paid all other expenses of maintaining the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see *Note 5*) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

The Plan's actuary determines, as of January 1 of each plan year, the actuarial present value of accumulated plan benefits, which 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. See *Note 5* for disclosures of the actuarial present value of accumulated plan benefits and the significant underlying actuarial assumptions.

Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Plan Tax Status

The Plan's most recent determination letter is dated September 19, 2018. In the letter, the IRS made a favorable determination that termination of the Plan did not affect the Plan's qualification for federal tax purposes. The determination applies to the proposed termination date of December 31, 2017 and to Plan amendments dated November 16, 2017 and October 30, 2017.

The Plan also received a determination letter, dated September 21, 2017, in which the IRS stated that it made a favorable determination on the Plan, which indicates the Plan, as then designed, was in compliance with the applicable requirements of the IRC and, therefore, not subject to income tax.

Note 4: Fair Value Measurements

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets in liquidation, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2019. The Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices for identical assets are available in an active market, securities are classified within Level 1 of the valuation hierarchy. The Plan's investments classified as Level 1 include mutual funds that are measured at fair value as determined by quoted market prices in an active market. The Plan's investments classified as Level 2 include corporate debt instruments. The fair value measurements of Level 2 investments are primarily based on the market approach with inputs derived from observable market data. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan has no investments classified as Level 3.

Recurring Measurements

The Plan was liquidated during 2019 and held no investments as of December 31, 2019.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets in liquidation measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements were classified at December 31, 2018:

	2018 Fair Value Measurements Using			
	Fair Value	Level 1	Level 2	Level 3
Mutual funds	$ 26,650,087	$ 26,650,087	$ –	$ –
Corporate debt instruments	9,768	–	9,768	–
Total	$ 26,659,855	$ 26,650,087	$ 9,768	$ –

Note 5: Actuarial Present Value of Accumulated Plan Benefits

The accumulated plan benefit information was as follows at December 31, 2019 and 2018, with the information for 2018 based on the actuarial valuation report dated January 1, 2019:

	2019 (In Liquidation)	2018 (In Liquidation)
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$ –	$ 5,021,000
Other participants	–	28,351,000
Total actuarial present value of accumulated plan benefits	$ –	$ 33,372,000

Vested benefits of other participants include employees' contributions and interest earned for active participants of $345,511 at December 31, 2018. Prior to July 1, 1988, the Plan allowed employee contributions. These contributions earned interest at an annual rate of 7.5%.

Changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2019 and 2018 are as follows:

	2019 (In Liquidation)	2018 (In Liquidation)
Actuarial present value of accumulated plan benefits, beginning of year	$ 33,372,000	$ 145,769,000
Increase (decrease) during the year attributable to:		
Actuarial assumption changes	–	(309,000)
Benefits accrued and actuarial experience	496,258	(8,904,115)
Interest accumulated	428,000	2,337,000
Benefits paid	(34,296,258)	(105,520,885)
Net decrease	(33,372,000)	(112,397,000)
Actuarial present value of accumulated plan benefits, end of year	$ –	$ 33,372,000

Significant assumptions underlying the actuarial computations are:

- Discount rate: Based on assumed rate of return on investments of 2.50% for December 31, 2018 compounded annually
- Mortality basis: IRS applicable mortality table
- Retirement: Various retirement decrement rates for ages 55 to 70

The actuarial present value of accumulated plan benefits is calculated on the liquidation basis as of December 31, 2019 and 2018, and the following assumptions were also used in the underlying actuarial computations:

- Benefit election assumption for non-retirees: Actual benefit elections for the year ended December 31, 2019; 50% lump sum and 50% annuity contract election assumption for the year ended December 31, 2018.
- Lump-sum obligation for non-retirees: For the year ended December 31, 2019, actual lump sum benefits for participants who received a lump sum. For the year ended December 31, 2018, Plan benefits determined as of December 1, 2018 based on current Plan provisions, including IRS 417(e) mortality for 2018 distributions and 2017 IRS 417(e) interest rates of 2.20%, 3.57% and 4.24%.
- Annuity contract obligation for non-retirees: Annuity contract purchase price for the year ended December 31, 2019. For December 31, 2018, Plan benefits determined as of February 28, 2019 based on current Plan provisions, including IRS 417(e) mortality for 2019 distributions and five-year average of IRS 417(e) interest rates of 2.12%, 3.97% and 4.78%.
- Benefit election assumption for annuity contract participants: Actual benefit elections for the year ended December 31, 2019; 50% lump sum and 50% single life annuity, with form of payment commencing at age 60 (or attained age if later), for the year ended December 31, 2018.

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons. The Company provides certain administrative services at no cost to the Plan.

In addition to the Company and its subsidiaries, the following have been identified as having party-in-interest transactions with the Plan:

- During 2019 and 2018, the Plan held investments in the State Street Institutional U.S. Government Money Market Fund. This fund is distributed by State Street Global Advisors Funds Distributors, LLC, a wholly owned subsidiary of State Street Corporation. The Plan's trustee and custodian, State Street Bank and Trust Company, is also an affiliate of State Street Corporation.
- National Financial Services provided securities brokerage services to the Plan during 2019 and 2018.

Note 7: Differences Between Financial Statements and Form 5500 Information

The following is a reconciliation of the net assets in liquidation as reported in the financial statements to the Form 5500 for the year ended December 31, 2019 and 2018:

	2019	2018
Net assets in liquidation per the financial statements	$ –	$ 11,388
Estimated employer contributions expected to be made in liquidation	–	(1,510,000)
Accrued income expected to be earned in liquidation	–	(334,140)
Estimated payments for participant benefits upon liquidation	–	34,296,488
Accrued expenses expected to be incurred in liquidation	–	382,083
	–	32,834,431
Net assets per the Form 5500	$ –	$ 32,845,819

Note 8: Subsequent Events

Subsequent events have been evaluated through October 12, 2020, which is the date the financial statements were available to be issued.

Supplemental Schedule

ArcBest Corporation Pension Plan

EIN 71-0673405 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
The Vanguard Group, Inc.	Single transaction purchase in the security: Vanguard Treasury Money Market Fund	$ 6,941,399				$ 6,941,399	
The Vanguard Group, Inc.	Single transaction purchase in the security: Vanguard Treasury Money Market Fund	6,200,000				6,200,000	
The Vanguard Group, Inc.	Single transaction sale in the security: Vanguard Treasury Money Market Fund		$ 13,981,841		$ 13,981,841	13,981,841	—
Eaton Vance Distributors, Inc.	Single transaction sale in the security: Eaton Vance Floating Rate Fund		6,941,399		6,800,549	6,941,399	$ 140,850
The Vanguard Group, Inc.	Series of purchases in the same security: Vanguard Treasury Money Market Fund	17,597,194				17,597,194	
Eaton Vance Distributors, Inc.	Series of purchases in the same security: Eaton Vance Floating Rate Fund	21,182				21,182	
The Vanguard Group, Inc.	Series of sales in the same security: Vanguard Treasury Money Market Fund		37,084,557		37,084,557	37,084,557	—
Eaton Vance Distributors, Inc.	Series of sales in the same security: Eaton Vance Floating Rate Fund		6,941,339		6,800,549	6,941,399	140,850

Schedule C, Line 2(h) Formula Descriptions

Name of Plan
EIN No.: 71-0673405, Plan No. 001
Plan Year Ending: 12/30/2019

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

TRANSAMERICA RETIREMENT SOLUTIONS	13-3689044
NATIONAL FINANCIAL SERVICES	04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Transamerica Retirement Solutions	Revenue to National Financial Services
EATON VANCE	EATON VANCE FLOATING RATE I	1/1/2019	12/30/2019	14.618	0.383

ArcBest Corporation Pension Plan

EIN 71-0673405 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
The Vanguard Group, Inc.	Single transaction purchase in the security: Vanguard Treasury Money Market Fund	$ 6,941,399				$ 6,941,399	
The Vanguard Group, Inc.	Single transaction purchase in the security: Vanguard Treasury Money Market Fund	6,200,000				6,200,000	
The Vanguard Group, Inc.	Single transaction sale in the security: Vanguard Treasury Money Market Fund		$ 13,981,841		$ 13,981,841	13,981,841	—
Eaton Vance Distributors, Inc.	Single transaction sale in the security: Eaton Vance Floating Rate Fund		6,941,399		6,800,549	6,941,399	$ 140,850
The Vanguard Group, Inc.	Series of purchases in the same security: Vanguard Treasury Money Market Fund	17,597,194				17,597,194	
Eaton Vance Distributors, Inc.	Series of purchases in the same security: Eaton Vance Floating Rate Fund	21,182				21,182	
The Vanguard Group, Inc.	Series of sales in the same security: Vanguard Treasury Money Market Fund		37,084,557		37,084,557	37,084,557	—
Eaton Vance Distributors, Inc.	Series of sales in the same security: Eaton Vance Floating Rate Fund		6,941,339		6,800,549	6,941,399	140,850

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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/30/2019

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ARCBEST CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1969

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)
ARCBEST CORPORATION

P.O. BOX 10048

FORT SMITH AR 72917-0048

8401 MCCLURE DR

FORT SMITH AR 72916

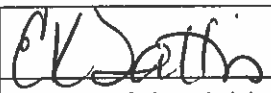
2b Employer Identification Number (EIN) 71-0673405

2c Plan Sponsor's telephone number (479)785-6000

2d Business code (see instructions) 484120

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

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

SIGN HERE		10/12/2020	Erin K. Gattis
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE