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 12/31/2019

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
- [ ] the final return/report
- [X] 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:
- [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
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1998

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)
AMERICAN COMMERCIAL BARGE LINE LLC

P.O. BOX 610
1701 E. MARKET STREET
JEFFERSONVILLE, IN 47130-4747

2b Employer Identification Number (EIN) 52-2106600

2c Plan Sponsor's telephone number 812-288-0100

2d Business code (see instructions) 483000

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.	10/11/2021	RICHARD BRUNS
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

THE ADMINISTRATIVE COMMITTEE

AMERICAN COMMERCIAL BARGE LINE LLC
P.O. BOX 610
JEFFERSONVILLE, IN 47130-4747

3b Administrator's EIN: 52-2106600

3c Administrator's telephone number: 812-288-0100

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**	3961
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)**	422
a(2) Total number of active participants at the end of the plan year	**6a(2)**	382
b Retired or separated participants receiving benefits	**6b**	1857
c Other retired or separated participants entitled to future benefits	**6c**	1388
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3627
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	287
f Total. Add lines **6d** and **6e**.	**6f**	3914
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 1B 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)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(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)** ☒ **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)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ 0 **A** (Insurance Information)
- **(4)** ☒ **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	169580155
b Actuarial value	**2b**	182680866

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2047	133026253	133026253
b For terminated vested participants	1492	59226510	59226510
c For active participants	422	31014717	32626749
d Total	3961	223267480	224879512

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.56 %
6 Target normal cost	**6**	2709781

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	09/18/2021 Date
DAVID WOELFEL Type or print name of actuary	20-06833 Most recent enrollment number
BUCK GLOBAL, LLC Firm name	412-281-2506 Telephone number (including area code)
11 STANWIX STREET, SUITE 700 PITTSBURGH, PA 15222 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.64 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		208
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.72 %		12
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		220
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.23 %
15	Adjusted funding target attainment percentage	15	81.23 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2019	1456429	0	12/03/2019	2863	0
04/11/2019	2626610	0	01/04/2021	1929126	0
07/11/2019	1170181	0			
10/11/2019	2626610	0			
01/13/2020	2626610	0			
06/10/2019	5246	0			
			Totals ► 18(b)	12443675	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	7847
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	11902319

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	2709781
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	42198646	3901595
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	6611376

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

36 Additional cash requirement (line 34 minus line 35)	**36**	6611376
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	11902319

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

a Total (excess, if any, of line 37 over line 36)	**38a**	5290943
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 12/31/2019

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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

36 SOUTH INVESTMENT MANAGERS LTD
3RD FLOOR BERKELEY SQUARE HOUSE
BERKELEY SQUARE, LONDON W1J 6BU GB

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

ABERDEEN STANDARD INVESTMENTS INC
1900 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

ALPS ADVISORS, INC.
1290 BROADWAY
SUITE 1000
DENVER, CO 80203

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

BLACKGOLD CAPITAL MANAGEMENT LP

20-4354996

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

CARILLON TOWER ADVISERS, INC.

47-2484936

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

FIRST EAGLE INVESTMENT MGMT LLC

57-1156902

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

HAYMAN CAPITAL MANAGEMENT, L.P.

2305 CEDAR SPRINGS ROAD, SUITE 400
CEDAR MAPLE PLAZA II
DALLAS, TX 75201

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

PARNASSUS INVESTMENTS

1 MARKET STREET
STEUART TOWER, STE 1600
SAN FRANCISCO, CA 94105

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

PUTNAM INVESTMENTS, LLC

26-1080669

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

SALIENT ADVISORS, LP

47-0876031

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

WINTON CAPITAL MANAGEMENT LIMITED

313 PARK AVENUE S
NEW YORK, NY 10010

(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)

SHEPHERD KAPLAN KROCHUK LLC

83-0368447

(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 27 28 50 51 70	NONE	360442	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	226955	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	209697	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

BUCK GLOBAL, LLC

13-3954297

(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 17 50	NONE	143254	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, NA

94-1347393

(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?
21 25 50 51 60	NONE	103785	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

AMERICAN COMMERCIAL BARGE LINE LLC

52-2106600

(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?
14 50	PLAN SPONSOR	30860	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)

CROWE LLP

35-0921680

(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	NONE	24058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BREAN CAPITAL, LLC

13-4113323

(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?
61	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	6645	Yes [ ] No [X]

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

MERRILL LYNCH PROFESSIONAL CLEARING

13-3247006

(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 50 71	NONE	6580	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)

THE BERWYN GROUP

2 SUMMIT PARK DRIVE, SUITE 610
INDEPENDENCE, OH 44131

(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?
49 50	NONE	5073	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(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?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BREAN CAPITAL, LLC	61	6645

(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.
36 SOUTH CAPITAL ADVISORS LLP 3RD FLOOR BERKELEY SQUARE, LONDON W1J 6BU GB	PLACEMENT AGENT FEE OF $6,645

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK SHORT TERM INVEST FUND

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	4627621

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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	6679	7369
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3861339	4555736
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16122	497305
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	38449529	50821901
(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)	1768953	4627621
(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)	72759608	98741362
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	52778380	37917530

			(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	169640610	197168824
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	46143
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	46143
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	169640610	197122681

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)	12443675	
	(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)		12443675
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)	564775	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1676703	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2241478
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	42087660	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	41234677	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		852983
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	12832059	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		12832059

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		212027
(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)		14823890
c Other income	2c		891477
d Total income. Add all **income** amounts in column (b) and enter total	2d		44297589
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13238653	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		13238653
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)	370824	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	702438	
(4) Other	2i(4)	2503603	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3576865
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16815518
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		27482071
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4246678. (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 12/31/2019

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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): 23-3060382 41-6257133

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

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: 59.0 % Investment-Grade Debt: 9.0 % High-Yield Debt: 10.0 % Real Estate: 0.0 % Other: 22.0 %

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 UNDER THE CARES ACT, THE FINAL CONTRIBUTION OTHERWISE DUE BY SEPTEMBER 15, 2020 IS DUE ON OR BEFORE JANUARY 1, 2021; THEREFORE, THE REQUIREMENT TO FILE IRS FORM 5330 AND PBGC FORM 10 OR 200 IS NOT APPLICABLE AT THIS TIME.

AMERICAN COMMERCIAL BARGE LINE LLC
PENSION PLAN

FINANCIAL STATEMENTS
December 31, 2019 and 2018

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
Jeffersonville, Indiana

FINANCIAL STATEMENTS
December 31, 2019 and 2018

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

The Investment Committee
American Commercial Barge Line LLC Pension Plan
Jeffersonville, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American Commercial Barge Line LLC 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 conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investments transactions. The Plan administrator has obtained certification from the trustee as of December 31, 2019 and 2018 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Crowe LLP

Crowe LLP

South Bend, Indiana
November 13, 2020

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value		
Common stock	$ 50,821,901	$ 38,449,529
Mutual funds	98,741,362	72,759,608
Collective trusts	4,627,621	1,768,953
Hedge funds	37,917,530	44,278,380
	192,108,414	157,256,470
Receivables		
Employer contribution	4,525,550	3,861,339
Accrued interest and dividends	15,915	16,122
Due from broker	481,390	8,500,000
	5,022,855	12,377,461
Cash	7,369	6,679
Total assets	197,138,638	169,640,610
Liabilities		
Accrued expenses	46,143	-
Total liabilities	46,143	-
Net assets available for benefits	$ 197,092,495	$ 169,640,610

See accompanying notes to financial statements.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2019 and 2018

	2019	2018
Additions		
Net appreciation in fair value of investments	$ 28,499,396	$ -
Interest and dividends	3,354,518	2,918,809
	31,853,914	2,918,809
Employer contributions	12,413,489	10,953,186
Total additions	44,267,403	13,871,995
Deductions		
Net depreciation in fair value of investments	-	12,476,468
Benefits paid	13,238,653	14,849,366
Administrative expenses	3,576,865	3,433,758
Total deductions	16,815,518	30,759,592
Net (decrease) increase	27,451,885	(16,887,597)
Net assets available for benefits		
Beginning of year	169,640,610	186,528,207
End of year	$ 197,092,495	$ 169,640,610

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following description of the American Commercial Barge Line LLC Pension Plan (the Plan) provides only general information about the Plan's provisions. More detailed information concerning the Plan may be found by consulting the Summary Plan Description, which is available from the American Commercial Barge Line LLC Benefits Department.

General: The Plan is a non-contributory defined benefit pension plan sponsored by American Commercial Barge Line LLC (the Company and Plan Sponsor) that covers certain employees of the Company and other subsidiaries of the Company's parent and provides for retirement, death, and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding: The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Plan did not meet the minimum funding requirements of ERISA for the year ended December 31, 2019, but the plan sponsor intends to meet the minimum funding requirement prior to the deadline as permitted in the CARES Act. Refer to Note 8 for further information. The Plan met the minimum funding requirements of (ERISA) for the year ended December 31, 2018. Participant contributions are not permitted under the Plan.

Pension Benefits: Under the terms of the Plan, participants are eligible for monthly benefit payments upon reaching normal retirement age of 62 for hourly and 65 for salaried members, or upon early retirement age of 55 with five or more years of service for hourly and ten or more years of service for salaried members. In February 2007, new entry/ re-entry to the Plan was closed for all employees. Effective December 31, 2017, benefit accruals for active hourly and salaried employees were frozen. In April 2018, the Jeffboat location (Jeffboat) was closed and all employees were terminated. As such, all benefit accruals were frozen effective April 30, 2018.

Participants that meet certain criteria may elect to receive a portion of the value of their accumulated plan benefits as a lump-sum distribution upon retirement and/or they may elect to receive their benefits as a life annuity payable monthly. If a vested employee dies, a benefit equal to the survivorship value of the employee's accumulated pension benefits is paid to the employee's surviving spouse upon eligibility. Active hourly employees and Jeffboat Participants who become totally disabled are eligible to receive annual disability benefit.

Death and Disability Benefits: If a vested active employee dies at age 55 or older, a benefit equal to the 50% survivorship value of the employee's accumulated pension benefits is paid to the employee's surviving spouse upon eligibility. Active salaried employees who become totally disabled and are receiving the long term disability benefit through the company provider will continue to accrue service and credited service under the plan as if they were still working and receiving the rate of base pay earned on their last day worked up to the earlier of normal retirement age 65, the long term disability coverage ends or December 31, 2017 when the accrual was frozen. Salaried retirement benefits may begin as indicated under an early or normal retirement as eligibility allows. Jeffboat employee's disability benefit is calculated based on one-half (1/2) the multiplier in effect at the time of their last day worked as an active employee paid for the date they apply and are determined to be totally disabled for their lifetime. Hourly employees determined to be totally disabled are eligible for an unreduced accrued benefit for the date they apply and are determined to be totally disabled for their lifetime. If a disability benefit ends due to no longer being totally and permanently disabled, the participant can then elect, at a future date, a benefit amount calculated at the normal or early retirement date actuarially offset by the benefits already received under the disability retirement.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Administrative and Investment Management Expenses: Fees paid by the Plan to its service providers are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

Plan Termination: Although it has not expressed an intention to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, the Plan provides for the payment of benefits in a prescribed order of priority for participants' claims to the assets. Retired participants, surviving spouses who are receiving pensions, and participants whose age and service would permit retirement under the Plan have first claim to plan assets. The remaining assets, if any, would be available to pay benefits to other participants. If plan assets are insufficient to pay benefits at plan termination, the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, may provide benefit payments. Generally, PBGC guarantees most vested normal age and early retirement benefits, as well as certain survivor benefits, but does not guarantee all types of benefits, and the amount of benefit protection is subject to certain limitations.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, as further described in Note 5. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements. Actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits and the fair values of the Plan's interest in various hedge funds.

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain Plan investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Benefit Payments: Benefit payments to participants are recorded when paid.

(Continued)

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

Benefits for retired or terminated employees or their beneficiaries are based on different calculation methods depending upon whether the employee was a salaried or hourly participant or a Jeffboat Participant. For salaried participants, the benefit for credited service rendered prior to February 1, 2000, is based on pension-eligible compensation during the five consecutive years of credited service affording the highest such average. (For this purpose, average compensation is determined as of February 1, 2000.) The benefit for credited service rendered between February 1, 2000, and the valuation date is 1% of pension-eligible compensation during this period. For hourly participants and Jeffboat Participants, the benefit is based on a flat dollar rate for each year of credited service rendered prior to the valuation date.

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.

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

The significant actuarial assumptions used in the valuations as of December 31, 2018 were as follows:

Assumed investment return 7.25%

Retirement Rate	Age	Salaried Rate	Hourly Rate	Jeffboat
	55	9%	14%	15%
	56	9	14	5
	57	9	14	5
	58	12	14	5
	59	12	14	5
	60	12	14	5
	61	12	14	25
	62	45	35	25
	63	15	15	25
	64	15	15	30
	65	40	50	30
	66	40	30	30
	67	100	100	100

Mortality basis RP-2014 and MP-2019 Improvement scale.

(Continued)

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefit information as of December 31, 2018 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 107,888,320
Other participants	69,550,940
	177,439,260
Non-vested benefits	1,395,493
Total actuarial present value of accumulated plan benefits	$ 178,834,753

The changes in the actuarial present value of the accumulated plan benefits information during 2018 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 179,579,252
Increase (decrease) during the year attributed to:	
Benefits paid	(14,849,366)
Interest	12,490,624
Change in actuarial assumptions **	(932,882)
Impact of Jeffboat closure***	1,247,301
Benefits accumulated and other plan experience	1,299,824
Net decrease	(744,499)
Actuarial present value of accumulated plan benefits at end of year	$ 178,834,753

**The change in actuarial assumptions line is due to a change in the mortality improvement scale from MP-2017 to MP 2019 for ASC 960.

***During 2018, there were 159 plan participants that were terminated by the Company specifically due to the closure of the Jeffboat plant. The effect of these terminations was not reflected in the accumulated benefit obligation as of December 31, 2017. This matter resulted in an increase in the accumulated benefit obligation of $1,247,301.

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2019 has not yet been completed.

(Continued)

NOTE 4 - INVESTMENTS - UNAUDITED INFORMATION

Wells Fargo Bank, N.A., holds investment assets and executes transactions therein and, with the exception of $37,917,530 and $44,278,380 as of December 31, 2019 and 2018, respectively, of the Plan's interest in hedge funds held and $954,203 and $(1,969,569) of related income (loss) during 2019 and 2018, respectively, information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A., the trustee of the Plan. This certified information has not been audited by independent accountants.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds and Common Stocks: The fair values of mutual fund and common stock investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective Trust: The fair value of participation units held in the collective trust is based on the net asset value reported by the fund managers as of the financial statement date and recent transaction price. The collective trust provides for daily redemption at the reported unit value, no advance notification is required.

Hedge Funds: The fair values of the hedge funds are based on the net asset values per share as reported by the investment manager as of the financial statement dates and recent transaction prices. In determining the reasonableness of the methodology used to estimate fair value, management reviews the funds' audited financial statements and evaluates a variety of factors including the investment manager's assumptions, economic conditions and industry and market developments.

(Continued)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

As of December 31, 2019 and 2018, the Plan held investments in the Kohinoor Core (Cayman) Fund, the Winton Futures Fund Ltd., the Hayman Capital Management, LP, the Blackgold Capital Management, LP and the Mesa West Core Lending Fund, LP. The Kohinoor Core (Cayman) Fund is an offshore feeder fund with substantially all of its investments in the Kohinoor Core Master Fund. At December 31, 2019, the fund's holding in the Kohinoor Core Master Fund accounts for 100% of the Kohinoor Core Master Fund's net assets. The fund's objective is to seek to profit from extreme price and volatility movements in the world financial markets. The Kohinoor Core (Cayman) Fund is redeemable on a monthly basis with a 30-day notice.

The Winton Futures Fund Ltd. is a limited liability company that offers six tranches of shares that represent interest in the same pool of underlying assets. The Plan is invested in the tranche B shares that are referred to as the Winton Futures USD Lead Series shares. The fund's objective is to achieve long term capital appreciation through compound growth by investing globally in exchange traded futures, options and forwards, cash equities, currency forwards traded over the counter and other related instruments such as CFDs on equities and exchange traded funds. The Winton Futures Fund Ltd. is redeemable on a monthly basis with an approximate one-month notice.

The Hayman Capital Management, LP is an offshore feeder fund with substantially all of its investments in the Hayman Capital Master Fund, LP. At December 31, 2019, the fund's holding in the Hayman Capital Master Fund accounts for 36% of the Hayman Capital Master Fund's net assets. The investment objective of the Master Fund is to achieve superior risk adjusted returns by investing primarily event driven situations or securities which will be influenced by macroeconomic trends. Limited partner withdrawals may be made on the last day of the calendar quarter upon 45 days prior written notice subject to certain other provisions and restrictions outlined in the partnership agreements

The Blackgold Capital Management, LP is an offshore feeder fund with substantially all of its investments in the Blackgold Opportunity Fund LP. At December 31, 2019, the fund's holding in the Blackgold Opportunity Fund LP accounts for 85% of the Blackgold Opportunity Offshores Fund's net assets. The investment objective of the Master Fund is to maximize capital appreciation by investing in securities of companies in the energy and energy related industries, with an emphasis on highly illiquid and/or privately-held companies. Limited partner withdrawals may be made on the last day of the fiscal calendar quarter upon 45 days prior written notice subject to certain other provisions and restrictions outlined in the partnership agreements.

The Mesa West Core Lending Fund, LP is an open-ended Delaware limited partnership that was established to originate and purchase fixed and floating rate first mortgage loans secured by commercial and multifamily residential real estate properties. Limited partner redemptions are permitted through written notices to the general partner on an ongoing basis during any calendar quarter, effective the last day of such calendar quarter in minimum increments of $1,000.

The Plan had no unfunded commitments related to hedge fund interests at December 31, 2019 and 2018.

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

(Continued)

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Investments measured at fair value on a recurring basis are summarized below.

	Assets at Fair Value as of December 31, 2019			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	$ 50,821,901	$ -	$ -	$ 50,821,901
Mutual funds	98,741,362	-	-	98,741,362
Collective trust*	-	-	-	4,627,621
Hedge funds*	-	-	-	37,917,530
Total	$ 149,563,263	$ -	$ -	$ 192,108,414

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

	Assets at Fair Value as of December 31, 2018			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	$ 38,449,530	$ -	$ -	$ 38,449,529
Mutual funds	72,759,608	-	-	72,759,608
Collective trust*	-	-	-	1,768,953
Hedge funds*	-	-	-	44,278,380
Total	$ 111,209,138	$ -	$ -	$ 157,256,470

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 6 - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated May 16, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes that the Plan is designed and being operated in compliance with the Code.

NOTE 6 - INCOME TAX STATUS (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain tax positions taken or expected to be taken that would require a recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. At December 31, 2019 and 2018, the Plan held an investment in collective trust fund and common stock offered by Wells Fargo Bank, N.A., trustee of the Plan.

NOTE 8 - SUBSEQUENT EVENTS

In December 2019, a novel strain of coronavirus (“COVID-19”) surfaced in Wuhan, China, and has spread around the world, with resulting business and social disruption. COVID-19 was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The ultimate impact of COVID-19 on the Plan and the Company will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of COVID-19 and the actions required to contain COVID-19 or treat its impact, among others.

In March 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was enacted. The CARES Act allows plan sponsors of single employer defined benefit plans to defer cash contributions to their defined benefit plan that would otherwise be due during the 2020 calendar year, including regularly scheduled 2019 plan contributions to be paid in 2020, to January 1, 2021. In addition, the plan sponsor may elect to treat the Plan's 2019 funded status for benefit restriction purposes as the funded status for 2020. In accordance with the CARES Act, the Company has elected to defer its scheduled September 2020 quarterly contribution of $1,898,940 for the 2019 Plan year as well as its planned quarterly contributions totaling $8,924.901 for the 2020 Plan year to a date on or before January 1, 2021

Plan management has evaluated subsequent events for recognition and disclosure through November 13, 2020, which is the dates the financial statements were available to be issued, and determined there were no additional subsequent events requiring disclosure or recognition in the financial statements.

SUPPLEMENTAL SCHEDULES

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Collective Trust				
*	Wells Fargo Bank, N.A.	Wells Fargo Short-term Investment Fund N	$ 4,627,621	$ 4,627,621
Common Stock				
	Accenture PLC	Accenture PLC	379,361	682,036
	Adidas	Adidas-AG ADR	236,549	411,070
	Aercap Holdings	Aercap Holdings NV	509,346	603,635
	AIA Group Limited	AIA Group Limited	470,871	717,971
	Alcon, Inc.	Alcon, Inc.	426,480	429,932
	Alphabet Inc.	Alphabet Inc.	1,338,161	3,109,908
	Amadeous	Amadeus IT Group, S.A	389,240	427,241
	Amazon Company Inc.	Amazon Company Inc.	294,277	1,821,970
	AON Plc	AON Plc	194,946	827,328
	ASML	ASML Holding, N.V.	366,363	621,474
	Atlas Copco	Atlas Copco AB	320,958	467,506
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.	1,078,462	2,484,252
	Canadian Pacific Railway Ltd	Canadian PAC RY Ltd	325,421	675,618
	Chubb Ltd	Chubb Ltd	259,216	538,272
	Citigroup Inc.	Citigroup Inc.	1,525,925	2,334,785
	Comcast Corp	Comcast Corp Class A	1,297,709	1,753,245
	Compass Group PLC	Compass Group PLC ADR	363,899	504,142
	CSL Limited	CSL Limited	295,126	845,200
	Dish Network Corp	Dish Network Corp	520,353	345,159
	DSV A/S	DSV A/S	287,488	706,972
	Essilor Inc.	Essilor Inc.	477,458	560,256
	Experian PLC	Experian PLC	408,947	773,149
	Facebook Inc.	Facebook Inc.	1,216,306	1,488,473
	Fiserv Inc.	Fiserv Inc.	291,327	467,723
	GCI Liberty Inc.	GCI Liberty Inc.	488,404	770,494
	Geberit AG	Geberit AG	250,101	366,210
	General Electric Co	General Electric Co	1,358,277	1,626,001
	General Motors Co	General Motors Co	723,177	772,260
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	1,324,811	1,875,999
	HDFC Bank Ltd	HDFC Bank Ltd	257,104	557,022
	Hilton Worldwide Holdings Inc.	Hilton Worldwide Holdings Inc.	296,937	488,004
	Icon PLC	Icon PLC	118,002	295,374
	Liberty Broadband Corp	Liberty Broadband Corp	942,183	1,610,858
	Liberty Global PLC	Liberty Global PLC	949,592	980,755

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Stock (Continued)				
	Liberty Tripadvisor Holdings	Liberty Tripadvisor Holdings I	$ 60,528	$ 47,261
	Lululemon Athletica Inc.	Lululemon Athletica Inc	333,946	369,514
	LVMH Moet Hennessy Louis Vuitton	LVMH Moet Hennessy Louis Vuitton	247,459	669,026
	Marriott International	Marriott International	829,854	1,571,692
	Mettier-Toledo Intl. Inc.	Mettier-Toledo Intl. Inc.	294,127	400,606
	Microsoft Corp	Microsoft Corp	540,590	3,277,006
	Mohawk Industries	Mohawk Industries Inc. Com	996,218	690,219
	Morgan Stanley Company	Morgan Stanley Company	605,305	851,148
	Nestle S.A.	Nestle S.A. Registered Shares – ADR	337,062	583,521
	Netflix Inc.	Netflix Inc.	629,222	701,176
	Oracle Corporation	Oracle Corporation	558,890	917,667
	Pernod Ricard SA	Pernod Ricard SA	381,207	421,037
	Resmed Inc.	Resmed Inc.	398,158	579,588
	Shopify Inc.	Shopify Inc. AW/I	224,413	739,499
	Sika AG	Sika AG	269,681	275,811
	Smith & Nephew PLC	Smith & Nephew PLC - ADR	385,450	394,174
	Steris PLC	Steris PLC	268,936	365,808
	Taiwan Semiconductor Manufacturing Company Ltd.	Taiwan Semiconductor Manufacturing Company Ltd – ADR	170,639	710,447
	Tencent Holdings Limited	Tencent Holdings Limited	197,264	567,238
	Tripadvisor, Inc.	Tripadvisor, Inc.	331,785	278,007
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	172,750	1,095,075
	Wabtec Corp	Wabtec Corp	328,040	378,108
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	275,829	340,793
	Walt Disney Co	Walt Disney Company	20,348	26,757
*	Wells Fargo & Co	Wells Fargo & Co	1,623,077	1,630,409
			30,463,555	50,821,901
Mutual Funds				
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional Fund	7,628,913	8,836,649
	Alerian	Alerian MLP ETF	3,013,640	2,796,500
	Carillon Reams	Carillon Reams Unconstrained Bond Fund Class I	12,378,264	12,743,906
	First Eagle Investment Mgmt, LLC	First Eagle Global Fund Institutional	9,738,224	11,668,784
	First Eagle Investment Mgmt, LLC	First Eagle Gold Fund Class R6	7,704,756	9,106,287
	Parnassus Investments	Parnassus Core Equity Institutional	32,103,374	37,183,460
	Putnam Investments	Putnam Short Duration Income Fund	4,500,000	4,500,000
	Salient	Salient MLP & Energy Infrastructure Fund	13,435,122	11,905,776
			90,502,293	98,741,362
Hedge Funds				
	Blackgold Capital Management, LP	Blackgold Opportunity Offshore Fund 4/15	967,569	1,274,965
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund Class A	4,774,303	1,339,306
	Hayman Capital Management, LP	Hayman Capital IRT Mirrored Holding	9,200,000	6,716,439

*Party-in-interest

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Hedge Funds (Continued)				
	Mesa West Core Lending Fund, LP	Mesa West Core Lending Fund IRT Mirrored Holding	$ 11,200,000	$ 11,207,260
	Winton Futures Fund Ltd.	Winton Futures Fund Class B Lead Series	16,228,432	17,379,560
			42,370,304	37,917,530
			$ 167,963,773	$ 192,108,414

*Party-in-interest

See Independent Auditor's Report.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2019

Name of Plan Sponsor: American Commercial Barge Line LLC
Employer Identification Number 52-2106600
Three-Digit Plan Number: 003

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category 3 - series of transactions in same security exceeds 5% of value						
Wells Fargo	WF Short-term investment Fund N	$ 33,052,010	$ -	$ 33,052,010	$ 33,052,010	$ -
		-	30,193,342	30,193,342	30,193,342	-

See Independent Auditor's Report.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2019 – Age by Service

Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	16	1	0	0	0	0	0	17
35-39	0	1	1	24	21	5	2	0	0	0	54
40-44	0	0	2	16	24	10	0	0	0	0	52
45-49	0	0	0	20	30	11	4	2	0	0	67
50-54	0	0	0	12	28	18	9	2	2	0	71
55-59	0	1	0	10	25	19	20	15	12	5	107
60-64	0	0	0	12	13	10	9	2	3	4	53
65-69	0	0	0	0	0	0	0	0	1	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	3	110	142	73	44	21	18	9	422

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Funding interest rates

For 2019 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.28%	3.74%
Second Segment Rate	3.81%	5.35%
Third Segment Rate	4.46%	6.11%
Effective Interest Rate	4.05%	5.56%

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.75%	3.92%
Second Segment Rate	3.76%	5.52%
Third Segment Rate	4.66%	6.29%
Effective Interest Rate	4.06%	5.72%

* Used for determination of PBGC Premium Funding Target.

** Used for minimum funding and benefit restriction purposes.

Mortality

Current Year: Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended as in IRS Notice 2018-02, applied on a static basis using separate rates for annuitants and non-annuitants.

Prior Year: Mortality rates based upon the RP-2000 base mortality rates projected with Mortality Improvement Scale AA until 2025 for annuitants, and 2033 for non-annuitants,

For disabled participants, the RR 96-7 Post 94 disability mortality tabled was used.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

The retirement, withdrawal, terminated vested commencement age, and frequency of optional payment forms assumptions are based upon an experience study completed in 2014, based upon data collected for the years 2009 through 2013 (inclusive).

The expected rate of return is based on the plan's asset allocation, the mix of asset class and inputs form the plan's investment managers.

Salary increase assumption

No longer applicable. All benefits are frozen.

Expenses

Current Year: Expected plan administrative expenses of $2,709,781 were added to the Target Normal Cost.
Prior Year: Expected plan administrative expenses of $2,683,969 were added to the Target Normal Cost.

Frequency of optional payment forms[1]

	Frequency		
	Salaried	Hourly	Jeffboat
Single Life Annuity	35%	45%	20%
50% Joint and Survivor Annuity	35%	15%	15%
100% Joint and Survivor Annuity	25%	10%	25%
5-year Certain and Life Annuity	5%	20%	40%
10-year Certain and Life Annuity	0%	10%	0%

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

[1] For both active and vested term participants

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates

Age	Salaried	Hourly	Jeffboat
55	9%	14%	15%
56	9%	14%	5%
57	9%	14%	5%
58	12%	14%	5%
59	12%	14%	5%
60	12%	14%	5%
61	12%	14%	25%
62	45%	35%	25%
63	15%	15%	25%
64	15%	15%	30%
65	40%	50%	30%
66	40%	30%	30%
67	100%	100%	100%

Retirement for vested deferred Salaried participants is assumed to be 100% at age 61 or current age if later.
Retirement for vested deferred Hourly/Jeffboat participants is assumed to be 100% at age 61 or current age if later.

As of January 1, 2019, there are no active Jeffboat participants.

Late Retirement Increases

Active Salaried and Hourly participants and all Terminated Vested Deferred Participants who are older than age 65 are assumed to receive the greater of their actuarial increased benefit from age 65 and their continue-to-accrue benefit at current age.

Disability rates

Hourly/Jeffboat participants

Age	Male	Female
25	0.08%	0.11%
30	0.08%	0.11%
35	0.11%	0.20%
40	0.17%	0.34%
45	0.28%	0.46%
50	0.52%	0.63%
55	0.93%	0.81%

As of January 1, 2019, there are no active Jeffboat participants.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates[2]

Based on experience. Sample rates as follows:

Age	Salaried	Hourly	Jeffboat
20	13.0%	16.0%	16.0%
25	13.0%	15.5%	15.5%
30	12.0%	14.8%	15.5%
35	11.5%	11.7%	11.5%
40	10.5%	11.4%	11.0%
45	9.5%	10.7%	7.5%
50	8.5%	9.5%	7.5%
55	7.0%	7.0%	7.0%
60	5.0%	7.0%	6.0%
64	5.0%	7.0%	6.0%

As of January 1, 2019, there are no active Jeffboat participants.

Asset valuation method

The Valuation Assets are determined using a method that spreads assets gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2019 Expected Return	7.25%	6.11%	6.11%
2018 Expected Return	7.25%	6.29%	6.29%
2017 Expected Return	7.75%	6.48%	6.48%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

[2] For active participants not eligible for retirement

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of Changes from the January 1, 2018 Valuation

Prescribed changes:

- The interest rate and mortality were updated to those applicable to the current plan year in accordance with PPA. The interest rates are constrained according to HATFA.
- The change in mortality and interest rates increased the plan's Funding Target by $13.1 million.

Non Prescribed changes:

- Expected plan administrative expenses added to the Target Normal Cost increased from $2,683,969 to $2,709,781. This was due to the change in anticipated PBGC premiums plus administrative expenses of 250,000.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2019

Name of Plan Sponsor: American Commercial Barge Line LLC
Employer Identification Number 52-2106600
Three-Digit Plan Number: 003

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category 3 - series of transactions in same security exceeds 5% of value						
Wells Fargo	WF Short-term investment Fund N	$ 33,052,010	$ -	$ 33,052,010	$ 33,052,010	$ -
		-	30,193,342	30,193,342	30,193,342	-

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan
AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
AMERICAN COMMERCIAL BARGE LINE LLC

D Employer Identification Number (EIN)
52-2106600

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	2a	169,580,155
b Actuarial value	2b	182,680,866

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	2,047	133,026,253	133,026,253
b For terminated vested participants	1,492	59,226,510	59,226,510
c For active participants	422	31,014,717	32,626,749
d Total	3,961	223,267,480	224,879,512

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

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.56%
6 Target normal cost	6	2,709,781

Statement by Enrolled Actuary

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

SIGN HERE David Woelfel DJW — 9/18/21

Signature of actuary — Date

David Woelfel — 2006833

Type or print name of actuary — Most recent enrollment number

Buck Global, LLC — 412-281-2506

Firm name — Telephone number (including area code)

11 Stanwix Street, Suite 700

Pittsburgh PA 15222

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -5.64%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		208
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.72%		12
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		220
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	81.23%
15	Adjusted funding target attainment percentage	15	81.23%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.27%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/13/2019	1,456,429	0			
04/11/2019	2,626,610	0			
07/11/2019	1,170,181	0			
10/11/2019	2,626,610	0			
01/13/2020	2,626,610	0			
06/10/2019	5,246	0			
12/03/2019	2,863	0			
01/04/2021	1,929,126	0			
			Totals ► 18(b)	12,443,675	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	7,847
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	11,902,319

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	**31a**		2,709,781
b Excess assets, if applicable, but not greater than line 31a	**31b**		0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		42,198,646	3,901,595
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**		6,611,376

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

36 Additional cash requirement (line 34 minus line 35)	**36**	6,611,376
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	11,902,319
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5,290,943
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	120.3278	0.0551	6.6343	364.8880
56	126.9684	0.1055	13.3964	750.1970
57	141.7953	0.1045	14.8244	844.9889
58	146.0721	0.1248	18.2341	1,057.5757
59	148.8725	0.1262	18.7813	1,108.0939
60	156.0071	0.1259	19.6337	1,178.0246
61	152.1483	0.1258	19.1461	1,167.9123
62	145.6847	0.4223	61.5276	3,814.7081
63	84.7996	0.1500	12.7199	801.3564
64	73.2030	0.1500	10.9805	702.7491
65	62.4325	0.4277	26.7051	1,735.8286
66	35.0141	0.3765	13.1813	869.9672
67	21.4310	1.0000	21.4310	1,435.8760
Total			**257.1955**	**15,832.1658**

Weighted Average Retirement Age = 15,832.1658 / 257.1955 **61.56**

Rounded Weighted Average Retirement Age **62**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Line 19 – Discounted Employer Contributions

Line 19b – Contributions Made To the Plan for IRC 436 and Reimbursement of Unrecovered Excess Benefit Payments

Date	Amount	Plan Year	Days Discounted at Effective Rate of 5.56%	Days Discounted at Penalty Rate of 10.56%	Discounted Value
6/10/2019	5,246*	2019	160	0	5,123*
12/3/2019	2,863**	2019	336	0	2,724**
Total	**$8,109**				**$7,847**

* Corrective contribution to the plan for paying restricted benefits under IRC §436(d)(3), as required under IRS Revenue Procedure 2019-19 Section 6.02.

** This is not an IRC §436 contribution, but a reimbursement by the plan sponsor to the plan for overpaid participant benefit payments which were not able to be recovered.

Attachment to 2019 Form 5500
Plan Name: American Commercial Barge Line LLC Pension Plan
Plan Sponsor's Name: American commercial Barge Line LLC
EIN/PN: 52-2106600 / 003

Schedule H, Line 1b(1) – Receivables – Employer contributions

Employer contributions per Schedule H	$ 4,555,736
Less: Additional contribution not reflected in report of independent qualified public accountant	(30,186)
Contributions receivable reflected in report of independent qualified public accountant	$ 4,525,550

Schedule H, Line 2a(1)(A) – Contributions received or receivable from Employers

Contributions received or receivable from Employers per Schedule H	$ 12,413,489
Plus: Additional contribution not reflected in report of independent qualified public accountant	30,186
Contributions received or receivable from Employers reflected in report of independent qualified public accountant	$ 12,443,675

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Salaried Participants

Effective Date

January 1, 1998. Plan restated effective January 1, 2008.

Participation

All full-time, non-contract employees of a participating employer who are age 21 or older with at least one year of Service. Employees become participants on the first of the month coincident with or next following satisfaction of the requirements.

Plan was frozen to new entrants effective February 1, 2007. Benefit accruals were frozen to current participants effective December 31, 2017.

American Commercial Barge Line Prior Plan

The American Commercial Barge Line Restated Pension Plan (ACBL Plan).

Normal Retirement

Eligibility

Age 65

Benefit Amount

A monthly amount equal to (A) plus the greater of (B) or (C), frozen as of January 31, 2000:

A. A career average benefit equal to 1.0% of base pay earnings (including deferrals) after January 31, 2000.

B. An offset benefit formula integrated with Social Security benefits equal to (i) minus (ii).

(i) Gross Pension

1.5% of monthly Average Compensation multiplied by full and fractional years of Credited Service.

(ii) Social Security Tier Offset

40% of the participant's Social Security benefit multiplied by a fraction equal to Credited Service divided by current service under the system (from later of the year following age 21 or January 1, 1951).

C. $6.50 for each full and fractional year of Credited Service up to ten years.

Benefit Accruals were frozen for Salaried Participants after December 31, 2017.

Prior Accrued Benefit Amount

Participants may not receive a benefit smaller than that accrued as of February 28, 1996, under the terms of the prior plan provisions plus a future service benefit for the period from March 1, 1996 to January 31, 2000 under the standard plan provisions.

The frozen March 1, 1996, benefit is a monthly amount equal to the greater of (A) or (B):

A. An excess benefit amount equal to the sum of (i) plus (ii) plus (iii):

(i) 1.197% of Average Monthly Earnings multiplied by full and fractional years of Credited Service up to 35 years.

(ii) 0.428% of Average Monthly Earnings in excess of $833.33 multiplied by full and fractional years of Credited Service up to 35 years.

(iii) 1.580% of Average Monthly Earnings multiplied by Credited Service in excess of 35 years.

B. The accrued benefit under the terms of the prior plan as of December 31, 1988.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Salaried Participants (continued)

In Service Pension

Eligibility

Attainment of age 62 and completion of 10 years of service

Benefit Amount

The accrued normal retirement gross benefit is unreduced for commencement prior to Normal Retirement Age and participant can continue employment when in receipt of benefits.

Early Retirement

Eligibility

Attainment of age 55 and completion of 10 years of service.

Benefit Amount

The accrued normal retirement gross benefit is reduced 1/360th for each month retirement precedes age 60. The offset is reduced for early commencement in accordance with the Social Security system. In addition, the offset is not applied to the monthly benefit payable until earliest eligibility for system benefits is reached.

Prior Accrued Benefit Amount

The frozen March 1, 1996 benefit is reduced for earlier commencement according to the factors shown below:

Age at Commencement	Reduction Factor
61+	100.0%
60	96.6%
59	91.7%
58	86.9%
57	82.1%
56	77.2%
55	72.4%

Late Retirement

Eligibility

Attainment of any age beyond age 65.

Benefit Amount

The normal retirement benefit accrued as of the late retirement date reflecting additional Credited Service and Compensation, or the normal retirement benefit actuarially increased for later commencement.

Disability Retirement

Eligibility

Total and permanent disability that results in benefit eligibility under the company sponsored disability plan.

Benefit Amount

The pension accrued as of the normal retirement date commencing at the normal retirement date. Disabled employees will continue to earn Service and Credited Service until disability ceases or retirement at age 65.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Salaried Participants (continued)

Deferred Vested Retirement

Eligibility

Five years of Service.

Benefit Amount

The normal retirement benefit calculated as of the termination date is payable at the normal retirement date. The participant may elect to receive a reduced benefit as early as age 55 if eligible for early retirement based on Service at termination.

If the vested participant terminates after reaching age 50 and completing 20 years of Credited Service, the reduced benefit is computed in accordance with the early retirement provisions.

Otherwise, the normal retirement benefit is reduced 0.5% for each month that commencement precedes age 65.

In-Service Distributions

The plan was amended effective August 1, 2017 to enable Salaried and Hourly employees to elect the commencement of an In-Service Pension as early as age 62. The amount of the In-Service Pension will be same pension benefit the employee would be entitled to receive if they terminated employment and immediately commenced their pension. Upon final retirement from active employment, the participant will make a separate election for any additional benefits accrued after the commencement of their In-Service Pension which exceed the equivalent monthly value of the In-Service Pension payments they have received.

Prior Accrued Benefit Amount

With respect to the frozen March 1, 1996 benefit, the participant may elect to commence payment as early as age 55 reduced 1/180th per month for the first 60 months and 1/360th per month for the next 60 months by which commencement precedes normal retirement age 65.

Surviving Spouse Benefit

Eligibility

Five years of Service prior to date of death, survived by an eligible spouse.

Benefit Amount

The Spouse receives a monthly benefit equal to 50% of the pension which would have been otherwise payable had the participant separated on the date of death (or actual termination if earlier). Reduced payments may commence on the earliest possible retirement date available as if the participant had survived.

If in active employment at time of death, the benefit is provided under the early retirement provisions regardless of age or service.

Normal Form of Benefit

Married

Unreduced 50% contingent annuity with spouse as beneficiary.

Prior Plan: Actuarial equivalent 50% contingent annuity with spouse as beneficiary.

Single

Single Life Annuity

Prior Plan: 60 months certain and life annuity.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Salaried Participants (continued)

Optional Forms of Benefit

Single Life Annuity
50%, 75%, or 100% contingent annuity

Source of Contributions

The company pays the entire ongoing cost of the Plan.

Definitions

Compensation

Monthly base pay, plus salary reductions under IRC Section 401(k) and IRC Section 125, plus employer match and profit-sharing contributions to CSXtra, plus bonus and incentive payments for services rendered. Excludes overtime pay and other forms of compensation.

Average Compensation

The average monthly compensation over 60 consecutive months of Credited Service that produces the highest average.

Average Monthly Earnings

As specified by the Prior Plan, the average monthly base earnings over 60 consecutive months out of the last 120 months that produces the highest average.

Service

Includes all service from date of hire, subject to breaks in service. One month is earned if a single day is worked in a calendar month.

Credited Service

Included all service from date of hire (date of participation prior to January 1, 1989), excluding any period while not an employee.

Social Security Benefit

Old-age or disability insurance benefit payable at retirement under the Social Security Act in effect at the time of retirement or earlier separation. Estimated based on actual earnings available, prior earnings regressed using National Average Wages, and zero future earnings.

Summary of Changes from the January 1, 2018 Valuation through January 1, 2019

None.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Hourly Participants

Effective Date

January 1, 1998. Plan restated effective January 1, 2008.

Participation

First day of the month following the completion of one year of Service with 1,000 hours or 125 days.

Plan was frozen to new entrants effective February 1, 2007. Benefit accruals for Hourly Participants were frozen after December 31, 2017.

Normal Retirement

Eligibility

Age 62 (Age 64 for Louisiana Dock Participants).

Benefit

$20.00 per month times years of Credited Service.

Benefit Accruals were frozen for Hourly Participants after December 31, 2017.

In Service Retirement

Eligibility

Age 62

Benefit

$20.00 per month times years of Credited Service and can continue to work as an active employee

Early Retirement

Eligibility

Age 55 and five years of service.

Benefit

Immediate benefit equal to the accrued normal retirement pension reduced from age 62 by 1/15th of the first four years and 1/30th for the next three years.

Late Retirement

Eligibility

Attainment of any age beyond age 62.

Benefit Amount

The normal retirement benefit accrued as of the late retirement date reflecting additional Credited Service and Compensation, or the normal retirement benefit actuarially increased for later commencement

Vested Termination

Eligibility

Five years of Service.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Hourly Participants (continued)

Benefit

Benefit equal to the accrued normal retirement pension payable at age 62. The participant may commence the benefit beginning on or after age 55, reduced as for early retirement.

Disability

Eligibility

Five years of Service and eligible for disability benefits under the Social Security Act.

Benefit

Accrued benefit payable immediately.

In-Service Distributions

The plan was amended effective August 1, 2017 to enable Salaried and Hourly employees to elect the commencement of an In-Service Pension as early as age 62. The amount of the In-Service Pension will be same pension benefit the employee would be entitled to receive if they terminated employment and immediately commenced their pension. Upon final retirement from active employment, the participant will make a separate election for any additional benefits accrued after the commencement of their In-Service Pension which exceed the equivalent monthly value of the In-Service Pension payments they have received.

Death Benefit

Eligibility

Death of a married participant in active service or after termination, after completion of five years of Service.

Benefit

The survivor benefit is equal to the amount the survivor would have received had the participant terminated employment just prior to his death, lived to earliest retirement date, elected a 50% Joint and Survivor Annuity, and died immediately thereafter. Payments begin in the month following the participant’s death, or when the participant would have reached earliest retirement age, whichever is later.

Normal Form of Benefit

Single

Five-Year Certain and Life Annuity.

Married

Actuarial equivalent 50% Joint and Spouse Annuity.

Optional Forms of Benefit

50%, 66 2/3%, 75%, or 100% Joint and Survivor Annuity

Five-, ten-, or fifteen-year Certain and Life Annuity

Single Life Annuity

All optional forms of Benefit are the actuarial equivalent of a Life Annuity

Source of Employee Contributions

The company pays the entire ongoing cost of the Plan.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions

Hourly Participants (continued)

Definition

Credited Service

One year of Credited Service is credited for each plan year in which 1,000 hours or (125 days) of service is earned. Partial Credited Service is credited in plan years with fewer than 1,000 hours (or 125 days) of service.

Summary of Changes from the January 1, 2018 Valuation through January 1, 2019

None.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Jeffboat Participants

Eligibility

January 1, 1965. Plan restated effective January 1, 2008.

Participation

Immediate. Plan was frozen to new entrants effective February 19, 2007.

Normal Form of Benefit

Eligibility

Age 62.

Benefit

Specific monthly dollar multiplier times years of Credited Service.

Date of Termination	Multiplier
Before April 1, 2006	$ 35.00
April 1, 2006 to April 1, 2007	$ 36.00
April 1, 2007 to April 1, 2008	$ 37.00
April 1, 2008 to April 1, 2009	$ 38.00
After April 1, 2009	$ 39.00

Early Retirement

Eligibility

Age 55 and five years of Service

Benefit

Immediate benefit equal to the accrued normal retirement pension actuarially reduced from age 62 as follows:

Retirement Age	Benefit Percentage
62	100.00%
61	90.16%
60	81.45%
59	73.73%
58	66.86%
57	60.73%
56	55.26%
55	50.36%

Late Retirement

Eligibility

First of month subsequent to eligibility for Normal Retirement.

Benefit

Accrued benefit determined at actual retirement date.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Jeffboat Participants (continued)

Vested Termination

Eligibility

Five years of Service.

Benefit

Benefit equal to the accrued normal retirement pension payable at age 62. The participant may commence the benefit beginning on or after age 55 with five years of Service, reduced as for early retirement.

Disability

Eligibility

Five years of Service.

Benefit

Credited Service at disability retirement date times:

Date of Disability	Multiplier
Before April 1, 2006	$17.50
April 1, 2006 to April 1, 2007	$18.00
April 1, 2007 to April 1, 2008	$18.50
April 1, 2008 to April 1, 2009	$19.00
April 1, 2009 to April 1, 2010	$19.50

Preretirement Death Benefit

Eligibility

Death in active service or after termination, after completion of five years of service.

Benefit

The survivor benefit is equal to the amount the survivor would have received had the participant terminated employment just prior to his death, lived to earliest retirement date, elected a 50% Joint and Survivor Annuity, and died immediately thereafter. Payments begin in the month following the participant's death, or when the participant would have reached earliest retirement age, whichever is later.

Normal Form Benefit

Single

Five-year Certain and Life Annuity.

Married

50% Joint and Spouse Annuity. Actuarial equivalent of Life Annuity.

Source of Employee Contributions

The company pays the entire ongoing cost of the Plan.

Optional Forms of Benefit

Five-year Certain and Life Annuity

50% or 75% Joint and Survivor Annuity

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Jeffboat Participants (continued)

Definitions

Credited Service

Prior to January 1, 1965, Credited Service was determined by the labor agreement in effect at the time. From January 1, 1965 through December 31, 1973, a fractional year of Credited Service is credited equal to the ratio of hours of service earned during the plan year to 1,600, but not greater than one. After January 1, 1974, a fractional year of Credited Service is credited equal to the ratio of hours of service earned during the plan year to 1,000, but not greater than one. Credited Service only includes the time the participant is employed with Jeffboat and does not include periods of employment with other affiliated companies.

Service

Prior to January 1, 1965, Service was determined by the labor agreement in effect at the time. From January 1, 1965 through December 31, 1973, a fractional year of Service is credited equal to the ratio of hours of service earned during the plan year to 1,600, but not greater than one. After January 1, 1974 a fractional year of Service is credited equal to the ratio of hours of service earned during the plan year to 1,000, but not greater than one. Service includes both the time the participant is employed with Jeffboat and the periods of employment with other affiliated companies.

Summary of Changes from the January 1, 2018 Valuation through January 1, 2019

In May 2018, the Jeffboat division of ACBL ceased operations, leading to the termination or retirement of all Jeffboat employees.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Collective Trust				
*	Wells Fargo Bank, N.A.	Wells Fargo Short-term Investment Fund N	$ 4,627,621	$ 4,627,621
Common Stock				
	Accenture PLC	Accenture PLC	379,361	682,036
	Adidas	Adidas-AG ADR	236,549	411,070
	Aercap Holdings	Aercap Holdings NV	509,346	603,635
	AIA Group Limited	AIA Group Limited	470,871	717,971
	Alcon, Inc.	Alcon, Inc.	426,480	429,932
	Alphabet Inc.	Alphabet Inc.	1,338,161	3,109,908
	Amadeous	Amadeus IT Group, S.A	389,240	427,241
	Amazon Company Inc.	Amazon Company Inc.	294,277	1,821,970
	AON Plc	AON Plc	194,946	827,328
	ASML	ASML Holding, N.V.	366,363	621,474
	Atlas Copco	Atlas Copco AB	320,958	467,506
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.	1,078,462	2,484,252
	Canadian Pacific Railway Ltd	Canadian PAC RY Ltd	325,421	675,618
	Chubb Ltd	Chubb Ltd	259,216	538,272
	Citigroup Inc.	Citigroup Inc.	1,525,925	2,334,785
	Comcast Corp	Comcast Corp Class A	1,297,709	1,753,245
	Compass Group PLC	Compass Group PLC ADR	363,899	504,142
	CSL Limited	CSL Limited	295,126	845,200
	Dish Network Corp	Dish Network Corp	520,353	345,159
	DSV A/S	DSV A/S	287,488	706,972
	Essilor Inc.	Essilor Inc.	477,458	560,256
	Experian PLC	Experian PLC	408,947	773,149
	Facebook Inc.	Facebook Inc.	1,216,306	1,488,473
	Fiserv Inc.	Fiserv Inc.	291,327	467,723
	GCI Liberty Inc.	GCI Liberty Inc.	488,404	770,494
	Geberit AG	Geberit AG	250,101	366,210
	General Electric Co	General Electric Co	1,358,277	1,626,001
	General Motors Co	General Motors Co	723,177	772,260
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	1,324,811	1,875,999
	HDFC Bank Ltd	HDFC Bank Ltd	257,104	557,022
	Hilton Worldwide Holdings Inc.	Hilton Worldwide Holdings Inc.	296,937	488,004
	Icon PLC	Icon PLC	118,002	295,374
	Liberty Broadband Corp	Liberty Broadband Corp	942,183	1,610,858
	Liberty Global PLC	Liberty Global PLC	949,592	980,755

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Stock (Continued)				
	Liberty Tripadvisor Holdings	Liberty Tripadvisor Holdings I	$ 60,528	$ 47,261
	Lululemon Athletica Inc.	Lululemon Athletica Inc	333,946	369,514
	LVMH Moet Hennessy Louis Vuitton	LVMH Moet Hennessy Louis Vuitton	247,459	669,026
	Marriott International	Marriott International	829,854	1,571,692
	Mettier-Toledo Intl. Inc.	Mettier-Toledo Intl. Inc.	294,127	400,606
	Microsoft Corp	Microsoft Corp	540,590	3,277,006
	Mohawk Industries	Mohawk Industries Inc. Com	996,218	690,219
	Morgan Stanley Company	Morgan Stanley Company	605,305	851,148
	Nestle S.A.	Nestle S.A. Registered Shares – ADR	337,062	583,521
	Netflix Inc.	Netflix Inc.	629,222	701,176
	Oracle Corporation	Oracle Corporation	558,890	917,667
	Pernod Ricard SA	Pernod Ricard SA	381,207	421,037
	Resmed Inc.	Resmed Inc.	398,158	579,588
	Shopify Inc.	Shopify Inc. AW/I	224,413	739,499
	Sika AG	Sika AG	269,681	275,811
	Smith & Nephew PLC	Smith & Nephew PLC - ADR	385,450	394,174
	Steris PLC	Steris PLC	268,936	365,808
	Taiwan Semiconductor Manufacturing Company Ltd.	Taiwan Semiconductor Manufacturing Company Ltd – ADR	170,639	710,447
	Tencent Holdings Limited	Tencent Holdings Limited	197,264	567,238
	Tripadvisor, Inc.	Tripadvisor, Inc.	331,785	278,007
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	172,750	1,095,075
	Wabtec Corp	Wabtec Corp	328,040	378,108
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	275,829	340,793
	Walt Disney Co	Walt Disney Company	20,348	26,757
*	Wells Fargo & Co	Wells Fargo & Co	1,623,077	1,630,409
			30,463,555	50,821,901
Mutual Funds				
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional Fund	7,628,913	8,836,649
	Alerian	Alerian MLP ETF	3,013,640	2,796,500
	Carillon Reams	Carillon Reams Unconstrained Bond Fund Class I	12,378,264	12,743,906
	First Eagle Investment Mgmt, LLC	First Eagle Global Fund Institutional	9,738,224	11,668,784
	First Eagle Investment Mgmt, LLC	First Eagle Gold Fund Class R6	7,704,756	9,106,287
	Parnassus Investments	Parnassus Core Equity Institutional	32,103,374	37,183,460
	Putnam Investments	Putnam Short Duration Income Fund	4,500,000	4,500,000
	Salient	Salient MLP & Energy Infrastructure Fund	13,435,122	11,905,776
			90,502,293	98,741,362
Hedge Funds				
	Blackgold Capital Management, LP	Blackgold Opportunity Offshore Fund 4/15	967,569	1,274,965
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund Class A	4,774,303	1,339,306
	Hayman Capital Management, LP	Hayman Capital IRT Mirrored Holding	9,200,000	6,716,439

*Party-in-interest

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2019

Name of plan sponsor: American Commercial Barge Line LLC
Employer identification number: 52-2106600
Three-digit plan number: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Hedge Funds (Continued)				
	Mesa West Core Lending Fund, LP	Mesa West Core Lending Fund IRT Mirrored Holding	$ 11,200,000	$ 11,207,260
	Winton Futures Fund Ltd.	Winton Futures Fund Class B Lead Series	16,228,432	17,379,560
			42,370,304	37,917,530
			$ 167,963,773	$ 192,108,414

*Party-in-interest

See Independent Auditor's Report.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2019
January 1, 2019	Shortfall	15	$ 3,901,595	$ 42,198,646

An election has been made under the American Rescue Plan Act of 2021 (ARPA) to implement the fresh start 15-year amortization provision of ARPA in plan year 2019.

American Commercial Barge Line LLC Pension Plan
EIN / PN: 52-2106600 / 003

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2018 Valuation

- Expected plan administrative expenses added to the Target Normal Cost increased from $2,683,969 to $2,709,781. This was due to the change in anticipated PBGC premiums plus administrative expenses of 250,000.