

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan ☒ a single-employer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____ </div> </div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☒ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension ☐ the DFVC program </div> </div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>003</u>
1c	Effective date of plan <u>01/01/1998</u>
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) <u>AMERICAN COMMERCIAL BARGE LINE LLC</u> <u>P.O. BOX 610</u> <u>1701 E. MARKET STREET</u> <u>JEFFERSONVILLE, IN 47130-4747</u>
2b	Employer Identification Number (EIN) <u>52-2106600</u>
2c	Plan Sponsor's telephone number <u>812-288-0100</u>
2d	Business code (see instructions) <u>483000</u>

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.	12/20/2022	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

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 3844
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 364 6a(2) 304 6b 1826 6c 1274 6d 3404 6e 361 6f 3765 6g 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) ☐ <u>0</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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 <u>AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMERICAN COMMERCIAL BARGE LINE LLC</u>	D Employer Identification Number (EIN) <u>52-2106600</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>207394749</u>
b Actuarial value	2b <u>196074662</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>2138</u> (2) Vested Funding Target <u>136489541</u> (3) Total Funding Target <u>136489541</u>
b For terminated vested participants.....	<u>1342</u> <u>55301336</u> <u>55301336</u>
c For active participants	<u>364</u> <u>23286587</u> <u>24579040</u>
d Total.....	<u>3844</u> <u>215077464</u> <u>216369917</u>
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 <u>5.60</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>2767792</u>
c Total (line 6a + line 6b)	6c <u>2767792</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/21/2022</u> Date
Signature of actuary		<u>20-06833</u> Most recent enrollment number
<u>DAVID WOELFEL</u> Type or print name of actuary		<u>412-281-2506</u> Telephone number (including area code)
<u>BUCK GLOBAL, LLC</u> Firm name		
<u>11 STANWIX STREET, SUITE 700</u> <u>PITTSBURGH, PA 15222</u> 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

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	5582530
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	5582530
10 Interest on line 9 using prior year's actual return of <u>9.76</u> %	0	544855
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1793709
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 <u>5.75</u> %		103138
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		1896847
d Portion of (c) to be added to prefunding balance		1896847
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	8024232

Part III Funding Percentages

14 Funding target attainment percentage	14	86.91 %
15 Adjusted funding target attainment percentage	15	86.91 %
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	85.21 %
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
01/15/2021	2666454	0			
Totals ▶			18(b)	2666454	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2660887

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 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 6c).....	31a	2767792	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	28319487	2967927	
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	5735719	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3074832	3074832
36 Additional cash requirement (line 34 minus line 35)	36	2660887	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2660887	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
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	
51-0368279	

(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	
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

THORNBURG INV MGMT, INC.

85-0301299

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

WINTON CAPITAL MANAGEMENT LIMITED

510 MADISON AVE
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 50 70	NONE	427717	Yes ☐ No ☒	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	315426	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(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 70	NONE	187551	Yes ☐ No ☒	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)

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 18 64	NONE	118185	Yes ☒ No ☐	Yes ☒ 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	37288	Yes ☒ No ☐	Yes ☐ No ☒	750	Yes ☐ No ☒

(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	24529	Yes ☐ No ☒	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	24529	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN COMMERCIAL BARGE LINE LLC</u>	D Employer Identification Number (EIN) <u>52-2106600</u>	

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: <u>WF/BLACKROCK SHORT TERM INVEST FUND</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8416531</u>
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN COMMERCIAL BARGE LINE LLC</u>	D Employer Identification Number (EIN) <u>52-2106600</u>	

Part I	Asset and Liability Statement
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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	0	251
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10132501	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5472	6683
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)	47870139	52735272
(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)	2488784	8416531
(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)	120879187	140147205
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	26023147	22294715

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	207399230	223600657

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	207399230	223600657
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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)	2666454	
(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)		2666454
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)	406639	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2879358	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3285997
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	26051828	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	22298356	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3753472
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10090674	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		10090674

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4403
(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)		12504797
c Other income.....	2c		1815091
d Total income. Add all income amounts in column (b) and enter total.....	2d		34120888
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14199851	
(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)		14199851
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)	330266	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	681962	
(4) Other.....	2i(4)	2707382	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3719610
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17919461
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		16201427
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) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 439154			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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	7

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

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

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 64.0 % Investment-Grade Debt: 7.0 % High-Yield Debt: 3.0 % Real Estate: 0.0 % Other: 26.0 %

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 _____

**AMERICAN COMMERCIAL BARGE LINE LLC
PENSION PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
Jeffersonville, Indiana

FINANCIAL STATEMENTS
December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of American Commercial Barge Line LLC Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

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, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of American Commercial Barge Line LLC Pension Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated December 16, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Crowe LLP

Crowe LLP

South Bend, Indiana
December 15, 2022

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Common stock	\$ 52,735,272	\$ 47,870,141
Mutual funds and exchange traded funds	140,147,205	120,879,186
Collective trusts	8,416,531	2,488,784
Hedge funds	<u>20,694,715</u>	<u>25,745,324</u>
	221,993,723	196,983,435
Receivables		
Employer contribution	-	10,132,501
Accrued interest and dividends	6,683	5,472
Due from broker	<u>1,600,000</u>	<u>277,822</u>
	<u>1,606,683</u>	<u>10,415,795</u>
Cash	<u>251</u>	<u>-</u>
Total assets	223,600,657	207,399,230
Liabilities		
Accrued expenses	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 223,600,657</u>	<u>\$ 207,399,230</u>

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, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions		
Net appreciation in fair value of investments	\$ 27,619,842	\$ 15,537,038
Interest and dividends	<u>3,834,592</u>	<u>3,508,978</u>
	31,454,434	19,046,016
Employer contributions	<u>2,666,454</u>	<u>8,255,640</u>
Total additions	34,120,888	27,301,656
Deductions		
Benefits paid	14,199,851	13,535,249
Administrative expenses	<u>3,719,610</u>	<u>3,459,672</u>
Total deductions	<u>17,919,461</u>	<u>16,994,921</u>
Net increase	16,201,427	10,306,735
Net assets available for benefits		
Beginning of year	<u>207,399,230</u>	<u>197,092,495</u>
End of year	<u>\$ 223,600,657</u>	<u>\$ 207,399,230</u>

See accompanying notes to financial statements.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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.

Bankruptcy: On February 7, 2020 American Commercial Lines, Inc (ACL) filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code and emerged as American Commercial Barge Line Holdings Corp (ACBL) on April 30, 2020 as the successor to ACL. The reorganization provided for a full equitization of the prepetition term loan into 95% of ACBL's common equity and 100% of a takeback preferred equity security with a liquidation preference of \$200 million. The reorganization also provided for an additional \$200 million in new equity capital.

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 elected to meet the minimum funding requirements of ERISA for the year ended December 31, 2021 by making contributions to the Plan within the extended period provided by the CARES Act. 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

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN (Continued)

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.

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.

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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

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.

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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

The significant actuarial assumptions used in the valuations as of December 31, 2020 were as follows:

Assumed investment return 7.25%

Retirement Rate	<u>Age</u>	<u>Salaried Rate</u>	<u>Hourly Rate</u>	<u>Jeffboat</u>
	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 Pri-2012 and MP-2021 improvement scale.

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, 2020 was as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 110,627,849
Other participants	<u>61,258,799</u>
	171,886,648

Non-vested benefits	<u>1,054,644</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 172,941,292</u></u>
--	------------------------------

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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

The changes in the actuarial present value of the accumulated plan benefits information during 2020 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 174,634,818
Increase (decrease) during the year attributed to:	
Benefits paid	(13,535,249)
Interest	12,178,956
Change in actuarial assumptions	366,997
Benefits accumulated and other plan experience	<u>(704,230)</u>
Net decrease	<u>(1,693,526)</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u>\$ 172,941,292</u>

An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2021 has not yet been completed.

The change in actuarial assumptions is due to a change in the mortality improvement scale from the MP-2020 scale to the MP-2021 scale.

NOTE 4 - INVESTMENTS

Wells Fargo Bank, N.A., holds investment assets and executes transactions therein and, with the exception of \$20,694,715 and \$25,745,324 as of December 31, 2021 and 2020, respectively, of the Plan's interest in hedge funds held and (\$2,006,665) and (\$521,677) of related income (loss) during 2021 and 2020, 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.

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:

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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, Exchange Traded Funds and Common Stocks: The fair values of mutual fund, exchange traded funds 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.

As of December 31, 2021, the Plan held investments in the Kohinoor Core (Cayman) Fund, 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, 2021 and 2020, 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 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, 2021 and 2020, the fund's holding in the Hayman Capital Master Fund accounts for 29% 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

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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, 2021 and 2020, the fund's holding in the Blackgold Opportunity Fund LP accounts for 100% 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, 2021 and 2020.

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.

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

	Assets at Fair Value as of December 31, 2021			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 52,735,272	\$ -	\$ -	\$ 52,735,272
Mutual funds & exchange traded funds	140,147,205	-	-	140,147,205
Collective trust*	-	-	-	8,416,531
Hedge funds*	-	-	-	20,694,715
Total	<u>\$ 192,882,477</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 221,993,723</u>

*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.

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2020			<u>Total</u>
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Common stock	\$ 47,870,141	\$ -	\$ -	\$ 47,870,141
Mutual funds & exchange traded funds	120,879,186	-	-	120,879,186
Collective trust*	-	-	-	2,488,784
Hedge funds*	-	-	-	25,745,324
Total	<u>\$ 168,749,327</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 196,983,435</u>

*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.

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, 2021 and 2020, 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 2018.

(Continued)

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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, 2021 and 2020, 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

Plan management has evaluated subsequent events for recognition and disclosure through December 15, 2022, 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

EIN / PN: 52-2106600 / 003

Schedule SB, Line 26 – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2021 – Age by Service

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	1	0	1	3	0	0	0	0	0	0	5
35 to 39	0	0	4	25	13	3	1	0	0	0	46
40 to 44	0	0	2	13	18	8	1	0	0	0	42
45 to 49	0	0	3	18	30	9	3	1	0	0	64
50 to 54	0	1	2	15	28	14	5	2	2	0	69
55 to 59	0	2	1	10	21	20	17	9	7	2	89
60 to 64	1	0	3	6	12	8	4	6	4	3	47
65 to 69	0	0	0	2	0	0	0	0	0	0	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	2	3	16	92	122	62	31	18	13	5	364

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 2021 Plan Year:

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

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.22%	4.75%
Second Segment Rate	3.38%	5.36%
Third Segment Rate	3.92%	6.11%
Effective Interest Rate	3.57%	5.60%

For 2020 Plan Year:

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

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.79%	4.75%
Second Segment Rate	3.92%	5.50%
Third Segment Rate	4.38%	6.27%
Effective Interest Rate	4.08%	5.75%

* Used for PBGC Premium (Alternative Method) purpose.

** Used for minimum funding and benefit restriction purposes. 2020 and 2021 interest rates reflect the adoption of interest rate relief under the American Rescue Plan Act (ARPA), beginning with the 2020 Plan Year. See Appendix E under Segment Rate.

Mortality

Mortality tables mandated by current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2019-67, applied on a static basis using separate rates for annuitants and non-annuitants.

For disabled participants, mortality is based on RR 96-7 Post 94 disability mortality table.

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 the applicable provisions of the Internal Revenue Code and associated regulations.

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 from the plan's investment managers.

Salary increase assumption

No longer applicable. All benefits are frozen.

Expenses

Current Year: Expected plan administrative expenses of \$2,767,792 were added to the Target Normal Cost.

Prior Year: Expected plan administrative expenses of \$2,780,616 were added to the Target Normal Cost.

Frequency of optional payment forms¹

	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.

With the closure of Jeffboat in 2018, benefit accruals have ceased for all Jeffboat participants, and there are no longer any active Jeffboat participants in the plan.

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%

With the closure of Jeffboat in 2018, benefit accruals have ceased for all Jeffboat participants, and there are no longer any active Jeffboat participants in the plan.

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 rates²

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%

With the closure of Jeffboat in 2018, benefit accruals have ceased for all Jeffboat participants, and there are no longer any active Jeffboat participants in the plan.

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
2021 Expected Return	7.25%	6.11%	6.11%
2020 Expected Return	7.25%	6.27%	6.27%
2019 Expected Return	7.25%	6.11%	6.11%

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, 2020 Valuation

Prescribed changes:

- The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The segment interest rates were updated to the new stabilized segment rates under the American Rescue Plan Act of 2021 (ARPA) for plan year 2021.
- The change in mortality and interest rates increased the plan's Funding Target by approximately \$5.2 million.

Non-Prescribed changes:

- Expected plan administrative expenses added to the Target Normal Cost decreased from \$2,780,616 to \$2,767,792. This was due to the change in anticipated PBGC premiums plus administrative expenses of \$200,000.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2021

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

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Category 3 - series of transactions in same security exceeds 5% of value</u>						
Wells Fargo	WF Short-term Investment Fund N	\$ 49,530,754 -	\$ - 43,603,006	\$ 49,530,754 43,603,006	\$ 49,530,754 43,603,006	\$ - -
Parnassus Core	Parnassus Core Equity Institutional	\$ 3,553,444 -	\$ - 10,545,000	\$ 3,553,444 7,014,162	\$ 3,553,444 10,545,000	\$ - 3,530,838
Thornburg Strategic	Thornburg Strategic Income Fund	\$ 10,552,071 -	\$ - -	\$ 10,552,071 -	\$ 10,552,071 -	\$ - -

See Independent Auditor's Report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ 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: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	207,394,749	
b Actuarial value	2b	196,074,662	
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.....	2,138	136,489,541	136,489,541
b For terminated vested participants.....	1,342	55,301,336	55,301,336
c For active participants	364	23,286,587	24,579,040
d Total.....	3,844	215,077,464	216,369,917
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	5.60%	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	2,767,792	
c Total (line 6a + line 6b)	6c	2,767,792	

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	<u>9/21/22</u> Date
David Woelfel Type or print name of actuary		2006833 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 ☐

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

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	5,582,530
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	5,582,530
10	Interest on line 9 using prior year's actual return of <u>9.76%</u>	0	544,855
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,793,709
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 <u>5.75%</u>		103,138
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		1,896,847
d	Portion of (c) to be added to prefunding balance		1,896,847
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	8,024,232

Part III	Funding Percentages
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14	Funding target attainment percentage	14	86.91%
15	Adjusted funding target attainment percentage	15	86.91%
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	85.21%
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
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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
01/15/2021	2,666,454	0			
Totals ►			18(b)	2,666,454	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,660,887

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 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 5c).....	31a	2,767,792	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment	28,319,487		Installment 2,967,927
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	5,735,719	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,074,832	3,074,832
36 Additional cash requirement (line 34 minus line 35)	36	2,660,887	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,660,887	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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, 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 $1/180^{\text{th}}$ per month for the first 60 months and $1/360^{\text{th}}$ 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, 2020 Valuation through January 1, 2021

None.

American Commercial Barge Line LLC Pension Plan

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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.

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.

American Commercial Barge Line LLC Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions

Hourly Participants (continued)

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.

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.

American Commercial Barge Line LLC Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions

Hourly Participants (continued)

Summary of Changes from the January 1, 2020 Valuation through January 1, 2021

None.

American Commercial Barge Line LLC Pension Plan

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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

With the closure of Jeffboat in 2018, benefit accruals have ceased for all Jeffboat participants.

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 January 1, 2020 through January 1, 2021

None.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

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	\$ 8,416,531	\$ 8,416,531
Common Stock				
	Accenture PLC	Accenture PLC	163,503	578,712
	Adyen NV	Adyen NV	249,458	352,793
	Aercap Holdings	Aercap Holdings NV	308,012	445,445
	AIA Group Limited	AIA Group Limited	381,156	501,959
	Alcon, Inc.	Alcon, Inc.	287,826	454,766
	Alphabet Inc.	Alphabet Inc.	943,512	3,810,858
	Amadeous	Amadeus IT Group, S.A	345,564	317,607
	Amazon Company Inc.	Amazon Company Inc.	1,051,185	2,430,734
	Anthem Inc.	Anthem Inc.	738,875	1,230,699
	AON Plc	AON Plc	754,551	1,809,672
	ASML	ASML Holding, N.V.	171,144	781,013
	Atlas Copco	Atlas Copco AB	182,723	459,456
	Atlassian Corporation PLC	Atlassian Corporation PLC	334,962	337,442
	Canadian Pacific Railway Ltd	Canadian PAC RY Ltd	185,429	543,147
	Capital One Financial Corp	Capital One Financial Corp	261,131	555,405
	Citigroup Inc.	Citigroup Inc.	1,212,341	1,416,146
	Comcast Corp	Comcast Corp Class A	1,066,094	1,528,874
	CSL Limited	CSL Limited	167,955	523,287
	Dish Network Corp	Dish Network Corp	673,506	627,000
	DSV A/S	DSV A/S	128,164	639,721
	Epam Systems Inc.	Epam Systems Inc.	296,968	447,862
	Evolution AB	Evolution AB	635,104	555,543
	Experian PLC	Experian PLC	232,833	638,219
	Ferran NV.	Ferran NV	298,580	483,993
	General Electric Co	General Electric Co	1,048,606	1,429,237
	General Motors Co	General Motors Co	379,088	705,847
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	663,902	1,563,099
	Hilton Worldwide Holdings Inc.	Hilton Worldwide Holdings Inc.	558,037	1,228,109
	IAC/Interactivecorp	IAC/Interactivecorp	226,466	234,494
	Icon PLC	Icon PLC	238,244	515,651
	Lasertec Corp	Lasertec Corp – ADR	349,317	607,186
	LI Ning Co Ltd	LI Ning Co Ltd – ADR	289,040	263,093
	Lonza Group AG	Lonza Group AG	343,956	468,936
	Liberty Broadband Corp	Liberty Broadband Corp	1,110,401	1,858,289
	Lululemon Athletica Inc.	Lululemon Athletica Inc	222,828	440,773
	LVMH Moet Hennessy Louis Vuitton	LVMH Moet Hennessy Louis Vuitton	104,876	503,120
	LyondellBassell Industries NV	LyondellBassell Industries NV	147,188	301,684
	Marriott International	Marriott International	767,654	1,650,582
	Meta Platforms Inc.	Meta Platforms Inc.	1,538,126	2,566,351
	Mettier-Toledo Intl. Inc.	Mettier-Toledo Intl. Inc.	165,993	483,705
	Microsoft Corp	Microsoft Corp	617,991	3,560,282
	Morgan Stanley Company	Morgan Stanley Company	782,151	1,515,492
	Naspers Limited	Naspers Limited	214,706	172,856
	Nestle S.A.	Nestle S.A. Registered Shares – ADR	191,669	430,234
	Netflix Inc.	Netflix Inc.	1,159,850	1,737,437

See Independent Auditor's Report.

AMERICAN COMMERCIAL BARGE LINE LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

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)				
	Novo Nordisk A/S	Novo Nordisk A/S – ADR	\$ 298,984	\$ 315,728
	Pernod Ricard SA	Pernod Ricard SA	217,042	323,362
	Prosus NV	Prosus NV	368,943	346,086
	Resmed Inc.	Resmed Inc.	226,758	554,822
	Safran SA	Safran SA	554,133	526,393
	Shenzhou International	Shenzhou Int. Group Holdings LTD	288,665	259,872
	Shopify Inc.	Shopify Inc. AW/I	40,298	460,048
	Sika AG	Sika AG	216,192	481,057
	Steris PLC	Steris PLC	193,360	400,409
	Taiwan Semiconductor Manufacturing Company Ltd.	Taiwan Semiconductor Manufacturing Company Ltd – ADR	78,956	680,714
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	411,248	1,623,921
	Visa Inc.	Visa Inc. – Class A Shrs	384,346	418,900
	Walt Disney Co	Walt Disney Company	741,993	606,394
	Willis Towers Watson Pub LTD	Willis Towers Watson Pub LTD	487,157	521,528
	Woodward Inc.	Woodward Inc.	197,997	220,562
	WUXI Biologics Inc.	WUXI Biologics (Cayman) Inc.	292,200	269,091
	* Wells Fargo & Co	Wells Fargo & Co	770,126	1,019,575
			27,959,063	52,735,272
Mutual Funds and Exchange Traded Funds				
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional Fund	7,829,545	9,070,403
	Carillon Reams	Carillon Reams Unconstrained Bond Fund Class I	22,952,387	24,065,549
	First Eagle Investment Mgmt, LLC	First Eagle Global Fund Institutional	13,256,359	15,389,397
	First Eagle Investment Mgmt, LLC	First Eagle Gold Fund Class R6	7,072,420	9,501,200
	Parnassus Investments	Parnassus Core Equity Institutional	25,379,975	37,906,198
	Salient	Salient MLP & Energy Infrastructure Fund	15,038,073	17,841,858
	SPDR Gold Shares	SPDR Gold Shares ETF	1,895,799	2,265,562
	Thornburg Strategic Income Fund	Thornburg Strategic Income Fund	24,214,746	24,107,038
			117,639,304	140,147,205
Hedge Funds				
	Blackgold Capital Management, LP	Blackgold Opportunity Offshore Fund, LTD Liquidating Class Series 6/16 DTD	723,994	1,180,582
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund Class A	8,887,303	4,571,279
	Hayman Capital Management, LP	Hayman Capital IRT Mirrored Holding	2,464,048	2,464,048
	Mesa West Core Lending Fund, LP	Mesa West Core Lending Fund IRT Mirrored Holding	12,442,173	12,478,806
			24,517,518	20,694,715
			\$ 178,532,416	\$ 221,993,723

*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, 2021
January 1, 2019	Shortfall	13	\$ 3,901,595	\$ 37,986,513
January 1, 2020	Shortfall	14	\$ (719,518)	\$ (7,370,305)
January 1, 2021	Shortfall	15	\$ (214,150)	\$ (2,296,721)

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, 2020 Valuation

- Expected plan administrative expenses added to the Target Normal Cost decreased from \$2,780,616 to \$2,767,792. This was due to the change in anticipated PBGC premiums plus administrative expenses of 200,000.