

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 6047(e), 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 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AMERICAN COMMERCIAL LINES LLC PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1998</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1998</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>JEFFERSONVILLE, IN 47130-4747</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-2106600</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>812-288-0100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>483000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	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>	
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>					
<u>1701 E. MARKET STREET</u> <u>JEFFERSONVILLE, IN 47130-4747</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.	10/17/2016	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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE ADMINISTRATIVE COMMITTEE 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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name AMERICAN COMMERCIAL LINES LLC	4b EIN 52-2106600
	4c PN 003
5 Total number of participants at the beginning of the plan year	5 4572
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1096
a(2) Total number of active participants at the end of the plan year	6a(2) 1022
b Retired or separated participants receiving benefits.....	6b 1571
c Other retired or separated participants entitled to future benefits.....	6c 1479
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4072
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 182
f Total. Add lines 6d and 6e	6f 4254
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 2
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) ☐ 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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.

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

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 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	182733713	
b Actuarial value	2b	187673293	
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	1674	82639649	82639649
b For terminated vested participants	1805	51712066	51712066
c For active participants	1096	56822007	58173947
d Total	4575	191173722	192525662
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	6.31%	
6 Target normal cost	6	4965944	

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.

<div>SIGN HERE</div>	<div>10/06/2016</div>
<div>Signature of actuary</div>	<div>Date</div>
<div>PAUL BAUGHER</div>	<div>14-06586</div>
<div>Type or print name of actuary</div>	<div>Most recent enrollment number</div>
<div>BUCK CONSULTANTS, LLC.</div>	<div>314-725-0114</div>
<div>Firm name</div>	<div>Telephone number (including area code)</div>
<div>231 SOUTH BEMISTON, SUITE 400 ST. LOUIS, MO 63105-1914</div>	
<div>Address of the firm</div>	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>1.27</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>6.53</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	97.47 %
15 Adjusted funding target attainment percentage	15	97.47 %
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	99.67 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2015	1074641	0	12/23/2015	138088	0
07/15/2015	448543	0			
09/17/2015	640000	0			
10/13/2015	1074641	0			
01/13/2016	1060739	0			
09/13/2016	1875003	0			
			Totals ►	18(b)	6311655
				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	130088
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5808255
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	4965944										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>4852369</td> <td>841411</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	4852369	841411	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	4852369	841411										
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	5807355										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	5807355										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	5808255										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	900										
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		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AMERICAN COMMERCIAL LINES 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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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 disclosure 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

DEFINITIVE CAPITAL MANAGEMENT, LP 1972 MONTGOMERY AVE.
VILLANOVA, PA 19085

(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

PRUDENTIAL INVESTMENTS, LLC

22-3468527

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

SCOUT DISTRIBUTORS, LLC

928 GRAND BLVD
KANSAS CITY, MO 64106

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

ABERDEEN ASSET MANAGEMENT INC

1735 MARKET STREET
32ND FLOOR
PHILADELPHIA, PA 19103

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

FIRST EAGLE INVESTMENT MANAGEMENT

57-1156902

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

WINTON CAPITAL MANAGEMENT LIMITED

375 PARK AVENUE
SUITE 3601, 36TH FLOOR
NEW YORK, NY 10152

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

HAYMAN CAPITAL MANAGEMENT, L.P.

2101 CEDAR SPRINGS ROAD
SUITE 1400
DALLAS, TX 75201

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

BALESTRA CAPITAL

58 WEST 40TH ST
12TH FLOOR
NEW YORK, NY 10018

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

RELiance TRUST COMPANY

1100 ABERNATHY ROAD NE
SUITE 400
ATLANTA, GA 30328

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

BREAN CAPITAL,LLC

36 SOUTH CAPITOL ADVISORS, 3RD FL 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

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

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

SHEPHERD KAPLAN LLC

83-0368447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 28 50 51 70	NONE	353559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

51-2106600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE	230887	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BUCK CONSULTANTS, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	218962	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)

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 51 68	NONE	163138	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO BANK, NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	98283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN COMMERCIAL LINES LLC

52-2106600

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN SPONSOR	62972	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)

BREAN CAPITAL, LLC

13-4113323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	38401	Yes ☐ No ☒

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

CROWE HORWATH 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	30488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BREAN CAPITAL, LLC	61	38401

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
36 SOUTH CAPITAL ADVISORS LLP 3RD FLOOR BERKELEY SQUARE, LONDON W1J 6BU GB	38401

(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.

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AMERICAN COMMERCIAL LINES 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: F-SQUARED ALPHA SECTOR US EQUITY I

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN <u>46-6318721-003</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>0</u>
---------------------------------------	-------------------------------	--

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

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

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>3848637</u>
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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)
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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)
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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)
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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)
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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)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan AMERICAN COMMERCIAL LINES LLC PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN COMMERCIAL BARGE LINE LLC	D Employer Identification Number (EIN) 52-2106600	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	2878	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1544104	2935742
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	24097	19653
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)	41139659	31316133
	(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)	40781965	3848637
	(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)	48739999	70881141
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	50524041	49437167

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	182756743	158438473

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	0	268700
j Other liabilities	1j	204777	41321
k Total liabilities (add all amounts in lines 1g through 1j)	1k	204777	310021

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	182551966	158128452
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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)	6311655	
(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)		6311655
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10313	
(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)		10313
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	532959	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	922814	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1455773
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	141634479	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	141166067	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		468412
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-6026290	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-6026290

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-9174427
c Other income	2c		59400
d Total income. Add all income amounts in column (b) and enter total	2d		-6895164

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14882229	
(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)		14882229
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)	352228	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	743088	
(4) Other	2i(4)	1550805	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2646121
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17528350

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-24423514
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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.)		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		
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?		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?		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			
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			
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		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>AMERICAN COMMERCIAL LINES 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	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	<u>0</u>
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): <u>23-3060382</u> <u>41-6257133</u>		
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	<u>278</u>

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
---	-----------------------------------	-----------------------------------	-------------------------------	--

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 and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>61.0</u> % Investment-Grade Debt: <u>23.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>16.0</u> %
	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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

AMERICAN COMMERCIAL LINES LLC
PENSION PLAN
December 31, 2015 and 2014
FINANCIAL STATEMENTS

AMERICAN COMMERCIAL LINES LLC PENSION PLAN

Jeffersonville, Indiana

FINANCIAL STATEMENTS
December 31, 2015 and 2014

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INDEPENDENT AUDITOR'S REPORT

The Investment Committee
American Commercial Lines LLC Pension Plan
Jeffersonville, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of American Commercial Lines LLC Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investments transactions. The Plan administrator has obtained certification from the trustee as of December 31, 2015 and 2104 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Crowe Horwath LLP
Crowe Horwath LLP

Indianapolis, Indiana
October 14, 2016

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value		
Common stock	\$ 31,316,133	\$ 41,139,659
Mutual funds	70,881,141	48,739,999
Collective trusts	3,848,637	40,781,965
Hedge funds	<u>49,437,167</u>	<u>50,524,041</u>
	155,483,078	181,185,664
 Receivables		
Employer contribution	2,935,742	1,544,104
Accrued interest and dividends	<u>19,653</u>	<u>24,097</u>
	2,955,395	1,568,201
 Cash - noninterest bearing	<u>-</u>	<u>2,878</u>
 Total assets	158,438,473	182,756,743
 Due to broker	268,700	-
Accrued expenses	<u>41,321</u>	<u>204,777</u>
Total liabilities	<u>310,021</u>	<u>204,777</u>
 Net assets available for benefits	<u>\$ 158,128,452</u>	<u>\$ 182,551,966</u>

See accompanying notes to financial statements.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFIT
Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 1,478,707
Interest and dividends	<u>1,466,087</u>	<u>1,439,178</u>
	1,466,087	2,917,885
Employer contributions	<u>6,311,655</u>	<u>4,494,806</u>
Total additions	7,777,742	7,412,691
Deductions		
Net depreciation in fair value of investments	14,672,906	-
Benefits paid	14,882,229	13,648,153
Administrative expenses	<u>2,646,121</u>	<u>2,054,036</u>
Total deductions	<u>32,201,256</u>	<u>15,702,189</u>
Net decrease	(24,423,514)	(8,289,498)
Net assets available for benefits		
Beginning of year	<u>182,551,966</u>	<u>190,841,464</u>
End of year	<u>\$ 158,128,452</u>	<u>\$182,551,966</u>

See accompanying notes to financial statements.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN

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

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

Funding: The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Company's contributions for 2015 and 2014 have met the minimum funding requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). 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.

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 or the long term disability coverage ends. 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 earlier of the date they no longer are totally disabled or for their lifetime. Hourly employees determined to be totally disabled are eligible for an unreduced accrued benefit for the earlier of the date they no longer are determined to be totally disabled or for their lifetime. If a disability benefit ends due to no longer being totally and permanently disabled, the participant can then elect, at a future date, a benefit amount calculated at the normal or early retirement date actuarially offset by the benefits already received under the disability retirement.

Administrative and Investment Management Expenses: The Plan's trustee fees are paid by the Plan and 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. All other expenses of the Plan are paid by the Company.

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN (Continued)

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.

Adoption of New Accounting Standards: In July 2015 the Financial Accounting Standards Board (FASB) amended various disclosure requirements applicable to investments held by defined benefit pension plans. The new guidance eliminates or simplifies various disclosure requirements applicable to plan investments. Adoption of the new guidance resulted in the reporting of investments within the fair value hierarchy by general type rather than by classes of investments, and other changes in investment disclosure requirements. The Plan elected to early adopt these standards, each of which requires retrospective application to all periods presented. The adoption of these standards had no effect on the Plan's net assets available for benefits or changes therein.

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 appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

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

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

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

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

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

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

The significant actuarial assumptions used in the valuations as of December 31, 2014 were as follows:

Assumed investment return		8.25%		
Retirement rate	<u>Age</u>	<u>Salaried Rate</u>	<u>Hourly Rate</u>	<u>Jeffboat Rate</u>
	55	7%	8%	20%
	56	8	8	4
	57	8	8	4
	58	9	8	4
	59	9	8	4
	60	10	8	10
	61	10	8	15
	62	30	25	25
	63	15	10	25
	64	15	10	25
	65	40	50	100
	66	20	25	100
	67	100	100	100
Mortality basis		RP-2014 and MP-2014 Improvement scale.		

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

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

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

The actuarial present value of accumulated plan benefit information as of December 31, 2014 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 69,126,625
Other participants	<u>83,809,088</u>
	152,935,713
Non-vested benefits	<u>1,404,641</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 154,340,354</u>

The changes in the actuarial present value of the accumulated plan benefits information during 2014 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 153,356,737
Increase (decrease) during the year attributed to:	
Interest	12,100,100
Benefits accumulated	3,297,288
Change in actuarial assumptions **	(765,618)
Benefits paid	<u>(13,648,153)</u>
Net increase	<u>983,617</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 154,340,354</u>

**The change in actuarial assumptions line is due to a change in plan experience assumptions that have been updated to reflect recent plan experience as well as the change in the mortality table. The change was made to better reflect the anticipated experience of the Plan.

NOTE 4 - INVESTMENTS - UNAUDITED INFORMATION

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. the trustee of the Plan. This certified information has not been audited by independent accountants.

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Collective Trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement date and recent transaction prices. Each collective trust provides for daily redemptions at the reported unit values, no advance notification is required.

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

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

As of December 31, 2015 and 2014 the Plan invests in the Balestra Global Ltd., multiple share classes of the Definitive Guardian Fund Ltd, the Kohinoor Core Fund, the Hayman Capital Management, LP and the Winton Futures Fund Ltd. As of December 31, 2015 the Plan added two hedge funds the Mesa West Core Lending Fund and two share classes of the Blackgold Opportunity Offshore Fund Ltd. The Definitive Guardian Fund Ltd. fund is an offshore feeder fund with substantially all of its investments in the Definitive Guardian Master Fund, Ltd ("Definitive Master Fund"). The Definitive Master Fund invests in various fixed-income instruments and derivative securities traded primarily in the United States with primary focus on municipal bonds. Capital is invested among numerous themes including, but not limited to, relative value, correlation and structurally-driven opportunities. The Definitive Master Fund generally seeks to hedge first order exposures and interest in instruments where it believes there will be a short-term reversion toward fair value. The Definitive Guardian Fund Ltd can be redeemed monthly with a 45 day notice. As of December 31, 2015, the Definitive Guardian Fund Ltd was liquidated and the remaining balance was an audit holdback item. The remaining balance was subsequently disbursed to the Plan in April 2015 as cash plus interest. The Balestra Global Ltd Fund invests primarily in the Balestra Capital Partners, L.P. ("BCP") a limited partnership. BCP was organized for the purpose of achieving capital appreciation through investments based primarily on broad macro-economic themes, but also on social, political, psychological, and other such factors. The Balestra Global Ltd Fund is redeemable on a quarterly basis, provided that the initial purchase Class A investor shares have been held for a minimum period of 12 months and the fund has received a 45-day written notice. Partial redemptions will not be permitted if the aggregate remaining value of the investor shares owned is less than \$1,000,000. As of December 31, 2014, the Balestra Global Ltd Fund was liquidated and the remaining balance was an audit holdback item. The remaining balance was subsequently disbursed to the Plan in April 2015 as cash plus interest.

The Kohinoor Core Fund is an offshore feeder fund with substantially all of its investments in the Kohinoor Core Master Fund. At December 31, 2015, 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 Fund is redeemable on a monthly basis with a 30-day notice.

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

The Hayman Capital Management, LP is an offshore feeder fund with substantially all of its investments in the Hayman Capital Master Fund, LP. At December 31, 2015, the fund's holding in the Hayman Capital Master Fund accounts for 56% of the Hayman Capital Master Fund's net assets. The investment objective of the Master Fund is to achieve superior risk adjusted returns by investing primarily event driven situations or securities which will be influenced by macroeconomic trends. Limited partner withdrawals may be made on the last day of the calendar quarter upon 45 days prior written notice subject to certain other provisions and restrictions outlined in the partnership agreements

The Blackgold Opportunity Offshores Fund, Ltd, is an offshore feeder fund with substantially all of its investments in the BlackGold Opportunity Fund LP. At December 31, 2015, the fund's holding in the

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

BlackGold Opportunity Fund LP accounts for 95% 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's unfunded commitments related to hedge funds interests' totals approximately \$10.2 million and \$17.7 million at December 31, 2015 and 2014, respectively.

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, 2015				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 31,316,133			\$ 31,316,133
Mutual funds	70,881,141	-	-	70,881,141
Collective trust*	-	-	-	3,848,637
Hedge fund*	-	-	-	49,437,167
Total	\$ 102,197,274	\$ -	\$ -	\$ 155,483,078

*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 LINES LLC PENSION PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years ended December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2014				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock	\$ 41,139,659			\$ 41,139,659
Mutual funds	48,739,999	-	-	48,739,999
Collective trust*	-	-	-	40,781,965
Hedge fund*	-	-	-	50,524,041
Total	<u>\$ 89,879,658</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 181,185,664</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 February 15, 2012, 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, 2015 and 2014, 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 2012.

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, 2015 and 2014 the Plan held an investment in collective trust fund offered by Wells Fargo Bank, N.A., trustee of the Plan.

NOTE 8 - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 14, 2016, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of plan sponsor:	American Commercial Lines 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	\$ 3,848,637	\$ 3,848,637
Common Stock				
	ACE Limited	Ace Limited	262,034	429,190
	Alibaba Group Holding Ltd	Alibaba Group Holding Ltd	527,726	552,636
	Alphabet Inc.	Alphabet Inc.	874,896	1,435,042
	Amazon Company Inc.	Amazon Company Inc.	455,144	1,030,732
	Anadarko Petroleum Corp	Anadarko Petroleum Corp	282,991	174,888
	AON Plc	AON Plc	596,862	1,121,366
	ARM Holdings Plc	ARM Holdings Plc - ADR	210,862	304,872
	Bank of America Corp	Bank of America Corp	512,334	496,485
	Berkley W R Corp	Berkley W R Corp	243,660	385,988
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.	1,034,165	1,643,898
	Canadian Pacific Railway Ltd	Canadian PAC RY Ltd	246,780	264,770
	CHR Hansen Holdings	CHR Hansen Holdings A/S	219,839	349,908
	Citigroup Inc.	Citigroup Inc.	1,072,591	1,164,375
	Coloplast A/S	Coloplast A/S	289,893	337,987
	Compass Group PLC	Compass Group PLC	286,034	293,866
	Constellation Brands Inc.	Constellation Brands Inc.	85,891	284,880
	Core Laboratories N.V.	Core Laboratories N.V.	350,215	320,566
	CSL Limited	CSL Limited	332,208	394,285
	Ctrip.com International Ltd	Ctrip.com International Ltd	337,085	321,716
	Discovery Communications Inc.	Discovery Communications Inc.	290,370	232,116
	Dish Network Corp	Dish Network Corp	889,296	903,444
	Ecolab Inc.	Ecolab Inc.	463,384	953,357
	Experian PLC	Experian PLC	351,428	357,532
	Fanuc Corporation	Fanuc Corporation	248,616	269,413
	HDFC Bank Ltd	HDFC Bank Ltd	179,130	193,424
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc.	314,391	552,585
	Icon PLC	Icon PLC	285,849	333,333
	Industria De Diseno Textil, S.A	Industria De Diseno Textil, S.A Inditex	129,104	158,959
	JPMorgan Chase & Co	JPMorgan Chase & Co	854,491	944,229
	The Kraft Heinz Company	The Kraft Heinz Company	261,522	261,936
	Lazard Ltd	Lazard Ltd	152,723	254,757
	Liberty Global PLC	Liberty Global PLC	722,681	1,426,950
	Liberty Lilac Group	Liberty Lilac Group	36,517	75,250
	LVMH Moet Hennessy Louis Vuitton	LVMH Moet Hennessy Louis Vuitton	253,292	239,771
	Microsoft Corp	Microsoft Corp	663,380	1,414,740
	Mondelez International Inc.	Mondelez International Inc.	406,612	766,764
	Morgan Stanley Company	Morgan Stanley Company	119,306	262,433
	Nestle S.A.	Nestle S.A. Registered Shares - ADR	351,353	425,680
	Noble Energy Inc.	Noble Energy Inc.	629,957	447,848
	Novo Nordisk A/S	Novo Nordisk A/S - ADR	186,175	442,744
	Novozymes A/S	Novozymes A/S - Un-sponsored	212,824	338,239
	PepsiCo Inc.	PepsiCo Inc.	424,554	679,456
	Perrigo Co PLC	Perrigo Co PLC	277,669	256,119
	Oracle Corporation	Oracle Corporation	1,260,542	1,585,402

See Independent Auditor's Report

*Party-in-interest

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of plan sponsor:	American Commercial Lines 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)				
	Reckitt Benckiser PLC	Reckitt Benckiser PLC	\$ 369,909	\$ 397,644
	Sensata Technologies Holding N.V.	Sensata Technologies Holding N.V.	233,772	309,846
	SGS SA	SGS SA	244,105	274,773
	Shoprite Holdings Limited	Shoprite Holdings Limited	222,140	101,118
	Starwood Hotels & Resorts	Starwood Hotels & Resorts	268,700	266,728
	Swatch Group AG	Swatch Group AG	169,828	124,895
	Sysmex Corporation	Sysmex Corporation	93,443	265,700
	Taiwan Semiconductor Manufacturing Company Ltd	Taiwan Semiconductor Manufacturing Company Ltd – ADR	298,201	534,693
	Tencent Holdings Limited	Tencent Holdings Limited	122,754	349,432
	Thermo Fisher Scientific Inc.	Thermo Fisher Scientific Inc.	180,754	510,660
	Twenty First Century Fox Inc.	Twenty First Century Fox Inc.	1,004,720	1,130,477
	Uni Charm Corporation	Uni Charm Corporation	208,723	177,931
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	310,719	788,188
	Valeant Pharmaceuticals International Inc.	Valeant Pharmaceuticals International Inc.	865,254	654,118
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	174,426	173,535
	Yandex N.V.	Yandex N.V.	247,518	172,464
			<u>23,201,342</u>	<u>31,316,133</u>
Mutual Funds				
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional Fund	9,260,024	7,719,854
	First Eagle Investment Mgmt, LLC	First Eagle Global Fund Institutional	8,456,666	9,305,006
	Parnassus Investments	Parnassus Core Equity Institutional	24,280,096	22,620,006
	Prudential Investments Co. LLC	Prudential Jennison Natural Resources Fund	20,303,330	12,214,196
	Salient	Salient MLP & Energy Infrastructure Fund	11,600,000	9,937,122
	Scout Investments, Inc.	Scout Investments Unconstrained Bond Fund	9,295,168	9,084,957
			<u>83,195,284</u>	<u>70,881,141</u>
Hedge Funds				
	Blackgold Capital Management LP	Blackgold Opportunity Offshore Fund 4/15	3,500,000	2,574,247
	Blackgold Capital Management LP	Blackgold Opportunity Offshore Fund 1/15	6,500,000	4,568,268
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund Class A	11,000,000	7,857,542
	Definitive Guardian LTD.	Definitive Guardian Fund 5% Holdback	491,695	491,695
	Hayman Capital Management, LP	Hayman Capital IRT Mirrored Holding	9,200,000	8,446,824
	Mesa West	Mesa West Core Lending Fund IRT Mirrored Holding	6,189,499	6,189,569
	Winton Futures Fund LTD.	Winton Futures Fund Class B June 2015 Series	9,300,000	9,263,964
	Winton Futures Fund LTD.	Winton Futures Fund Class B Lead Series	9,952,108	10,045,058
			<u>56,133,302</u>	<u>49,437,167</u>
			<u>\$ 166,378,565</u>	<u>\$ 155,483,078</u>

See Independent Auditor's Report
*Party-in-interest

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2015

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

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category 1 - single transaction exceeds 5% of value</u>						
Definitive Guardian Fund Ltd	Definitive Guardian Fund Series 13	-	\$ 11,000,000	\$ 10,939,968	\$ 11,000,000	\$ 60,032
Winton Capital	Winton Futures Fund Ltd-B 2014	-	9,952,108	9,300,000	9,952,108	652,108
Winton Capital	Winton Futures Fund Ltd-B Lead	9,952,108	-	9,952,108	9,952,108	-
Winton Capital	Winton Futures Fund Ltd June 2015	9,300,000	-	9,300,000	9,300,000	-
<u>Category 3 - series of transactions in same security exceeds 5% of value</u>						
Definitive Guardian Fund Ltd	Definitive Guardian Fund Series 13	\$ -	19,071,321	19,212,787	19,071,321	(141,467)
F Squared Investments	Alphasector US Equity	-	29,041,098	18,414,833	29,041,098	10,626,264
Parnassus Investments	Parnassus Core Equity Instl	31,249,562	-	31,249,562	31,249,562	-
		-	6,891,000	6,969,466	6,891,000	(78,465)
Salient MLP & Energy	Salient MLP & Energy Infrastructure Fund	11,600,000	-	11,600,000	11,600,000	-
Wells Fargo	WF Short-term Investment Fund N	80,951,730	-	80,951,730	80,951,730	-
		-	88,300,564	88,300,564	88,300,564	-
Winton Capital	Winton Futures Fund Ltd-B 2014	-	9,952,108	9,300,000	9,300,000	652,108
Winton Capital	Winton Futures Fund Ltd-B Lead	9,952,108	-	9,952,108	9,952,108	-
Winton Capital	Winton Futures Fund Ltd June 2015	9,300,000	-	9,300,000	9,300,000	-

See Independent Auditor's Report.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Line 26 - Schedule of Active Participant Data

Salaried

CREDITED SERVICE																					
	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		
AGE	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	Total
Under 25	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0
25 - 29	0	-	4	-	1	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	5
30 - 34	1	-	9	-	12	-	6	-	0	-	0	-	0	-	0	-	0	-	0	-	28
35 - 39	0	-	5	-	17	-	7	-	7	-	0	-	0	-	0	-	0	-	0	-	36
40 - 44	3	-	7	-	16	-	17	-	7	-	3	-	0	-	0	-	0	-	0	-	53
45 - 49	1	-	6	-	10	-	12	-	18	-	6	-	5	-	0	-	0	-	0	-	58
50 - 54	1	-	5	-	10	-	16	-	16	-	13	-	11	-	11	-	5	-	0	-	88
55 - 59	2	-	3	-	5	-	14	-	28	93,977	12	-	10	-	9	-	16	-	0	-	99
60 - 64	0	-	1	-	2	-	7	-	22	98,149	17	-	9	-	2	-	9	-	9	-	78
65 - 69	0	-	0	-	0	-	3	-	5	-	1	-	0	-	1	-	1	-	1	-	12
70+	0	-	0	-	0	-	1	-	0	-	0	-	0	-	0	-	0	-	1	-	2
Total	8	-	40	-	73	-	83	-	103	-	52	-	35	-	23	-	31	-	11	-	459

Hourly

CREDITED SERVICE											
AGE	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	6	4	0	0	0	0	0	0	10
30 - 34	0	1	13	29	1	0	0	0	0	0	44
35 - 39	0	0	12	20	5	0	0	0	0	0	37
40 - 44	0	0	11	14	9	1	0	0	0	0	35
45 - 49	0	1	6	10	13	3	0	0	0	0	33
50 - 54	0	0	5	17	7	7	4	2	0	0	42
55 - 59	0	0	5	11	4	10	7	1	0	0	38
60 - 64	0	0	1	4	3	8	2	2	1	0	21
65 - 69	0	0	3	0	1	0	0	0	0	0	4
70+	0	0	0	1	0	1	0	0	0	0	2
Total	0	2	62	110	43	30	13	5	1	0	266

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Line 26 - Schedule of Active Participant Data (continued)

Jeffboat

AGE	CREDITED SERVICE										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	8	3	0	0	0	0	0	0	11
30 - 34	0	1	22	10	1	0	0	0	0	0	34
35 - 39	0	0	19	11	16	3	0	0	0	0	49
40 - 44	0	2	19	7	15	11	2	0	0	0	56
45 - 49	1	1	19	10	10	8	5	0	0	0	54
50 - 54	0	0	21	8	21	7	7	0	0	0	64
55 - 59	0	0	13	8	14	8	5	0	1	0	49
60 - 64	1	1	6	4	7	14	1	3	3	6	46
65 - 69	0	0	2	1	0	0	3	0	0	1	7
70+	0	0	0	0	0	0	0	0	1	0	1
Total	2	5	129	62	84	51	23	3	5	7	371

American Commercial Lines 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.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate
Based on constrained rates 6.31%

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate
Based on constrained rates 6.53%

* Used for maximum tax-deduction purposes.

** Used for minimum funding and benefit restriction purposes.

Mortality

	Current Year	Prior Year
Annuitant	RP-2000 Healthy Annuitant Table projected to 2022	RP-2000 Healthy Annuitant Table projected to 2021
Non-annuitant	RP-2000 Employees Table projected to 2030	RP-2000 Employees Table projected to 2029

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

Actuarial cost method

Unit Credit 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 Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Non-Prescribed Funding Assumptions and Methods

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

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

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

Salary increase assumption

Current and Future Years:	3.50%
Prior Year:	3.50%

Expenses

Based upon current year PBGC and anticipated non-PBGC related expenses.

Current Year:	Expected plan administrative expenses of \$1,836,380 were added to the Target Normal Cost.
Prior Year:	Expected plan administrative expenses of \$1,120,493 were added to the Target Normal Cost.

Frequency of optional payment forms

Current Year

Form	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%

Prior Year

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

American Commercial Lines 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)

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%

Retirement rates

Based on experience.

Current Year

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	30%	25%	25%
63	15%	15%	25%
64	15%	15%	30%
65	40%	50%	30%
66	40%	30%	30%
67	100%	100%	100%

Prior Year

Age	Salaried	Hourly	Jeffboat
55	7%	8%	20%
56	8%	8%	4%
57	8%	8%	4%
58	9%	8%	4%
59	9%	8%	4%
60	10%	8%	10%
61	10%	8%	15%
62	30%	25%	25%
63	15%	10%	25%
64	15%	10%	25%
65	40%	50%	100%
66	20%	25%	100%
67	100%	100%	100%

American Commercial Lines 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 (continued)

Retirement for vested deferred participants is assumed to be 100% at age 61 or current age if later. Last year retirement for vested deferred participants was assumed to be the later of current age or age 62 for Hourly and Jeffboat participants and the later of current age or age 65 for Salaried participants.

Withdrawal rates¹

Based on experience. Sample rates as follows:

Current Year

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%

Prior Year

Age	Salaried	Hourly	Jeffboat
20	12.0%	15.0%	25.0%
25	11.0%	15.0%	20.0%
30	10.0%	13.0%	16.0%
35	9.0%	11.0%	14.0%
40	8.0%	9.0%	12.0%
45	7.0%	8.0%	10.0%
50	6.0%	7.0%	8.0%
55	5.0%	5.0%	6.0%
60	4.0%	5.0%	6.0%
64	4.0%	5.0%	6.0%

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 active participants not eligible for retirement

American Commercial Lines 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)

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
2015 Expected Return	8.00%	6.81%	6.81%
2014 Expected Return	8.00%	6.99%	6.99%
2013 Expected Return	8.00%	7.16%	7.16%

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.

Summary of Changes from the January 1, 2014 Valuation

Prescribed changes:

- The interest rate and mortality were updated to those applicable to the current plan year in accordance with PPA. The interest rates are constrained according to HATFA.
- The change in interest rates increased the plan's Funding Target by \$7,297,000, and reduced the AFTAP by 3.90%.

Non Prescribed changes:

- The assumed rates of retirement and withdrawal were changed to better reflect anticipated experience.
- The frequency of optional payment form elections was changed to better reflect anticipated experience.
- To better reflect anticipated experience, the assumed age of benefit commencement for future terminated vested participants was changed from the later of current age or age 62 for Hourly and Jeffboat participants and the later of current age or age 65 for Salaried participants to the later of current age or age 61.
- Expected plan administrative expenses added to the Target Normal Cost were updated to \$1,836,380.
- All of these changes were based upon an evaluation of recent plan experience.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2015

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

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category 1 - single transaction exceeds 5% of value</u>						
Definitive Guardian Fund Ltd	Definitive Guardian Fund Series 13	-	\$ 11,000,000	\$ 10,939,968	\$ 11,000,000	\$ 60,032
Winton Capital	Winton Futures Fund Ltd-B 2014	-	9,952,108	9,300,000	9,952,108	652,108
Winton Capital	Winton Futures Fund Ltd-B Lead	9,952,108	-	9,952,108	9,952,108	-
Winton Capital	Winton Futures Fund Ltd June 2015	9,300,000	-	9,300,000	9,300,000	-
<u>Category 3 - series of transactions in same security exceeds 5% of value</u>						
Definitive Guardian Fund Ltd	Definitive Guardian Fund Series 13	\$ -	19,071,321	19,212,787	19,071,321	(141,467)
F Squared Investments	Alphasector US Equity	-	29,041,098	18,414,833	29,041,098	10,626,264
Parnassus Investments	Parnassus Core Equity Instl	31,249,562	-	31,249,562	31,249,562	-
		-	6,891,000	6,969,466	6,891,000	(78,465)
Salient MLP & Energy	Salient MLP & Energy Infrastructure Fund	11,600,000	-	11,600,000	11,600,000	-
Wells Fargo	WF Short-term Investment Fund N	80,951,730	-	80,951,730	80,951,730	-
		-	88,300,564	88,300,564	88,300,564	-
Winton Capital	Winton Futures Fund Ltd-B 2014	-	9,952,108	9,300,000	9,300,000	652,108
Winton Capital	Winton Futures Fund Ltd-B Lead	9,952,108	-	9,952,108	9,952,108	-
Winton Capital	Winton Futures Fund Ltd June 2015	9,300,000	-	9,300,000	9,300,000	-

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 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► 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 LINES 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	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>2015</u>		
2	Assets:		
	a Market value	2a	182,733,713
	b Actuarial value	2b	187,673,293
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,674	82,639,649
	b For terminated vested participants	1,805	51,712,066
	c For active participants	1,096	56,822,007
	d Total	4,575	191,173,722
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	6.31%
6	Target normal cost	6	4,965,944

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>10/6/2016</u> Date 1406586 Most recent enrollment number 314-725-0114 Telephone number (including area code)
Paul Baugher Type or print name of actuary Buck Consultants, LLC. Firm name 231 South Bemiston, Suite 400 St. Louis MO 63105-1914 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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2015
v. 150123

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	323.3783	0.0607	19.6382	1,080.1025
56	335.0156	0.0849	28.4309	1,592.1279
57	332.4445	0.0841	27.9749	1,594.5671
58	336.1340	0.0983	33.0286	1,915.6572
59	331.6819	0.0972	32.2450	1,902.4542
60	344.8108	0.0975	33.6290	2,017.7398
61	341.2773	0.1689	57.6501	3,516.6563
62	304.3784	0.2718	82.7337	5,129.4863
63	244.7937	0.1815	44.4224	2,798.6122
64	215.0493	0.1929	41.4900	2,655.3615
65	187.7211	0.3871	72.6759	4,723.9366
66	120.6658	0.3556	42.9063	2,831.8141
67	82.1862	1.0000	82.1862	5,506.4764
68	4.0000	1.0000	4.0000	272.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
72	2.0000	1.0000	2.0000	144.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	<u>1.0000</u>	<u>77.0000</u>
Total			609.0111	37,967.9923
Weighted Average Retirement Age = 37967.9923 / 609.0111				62.34
Rounded Weighted Average Retirement Age				62

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

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

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

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

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 6.31%	Days Discounted at Penalty Rate of 11.31%	Discounted Value
Line 19b - Contributions Made To Reimburse the Plan for Unrecovered Excess Benefit Payments					
12/23/2015	138,088	2015	356	0	130,088 *
Total	138,088				130,088

Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year

4/14/2015	1,074,641	2015	103	0	1,056,244
7/15/2015	448,543	2015	195	0	434,117
9/17/2015	626,098	2015	195	64	594,683
9/17/2015	13,902	2015	259	0	13,311
10/13/2015	1,074,641	2015	285	0	1,024,504
1/13/2016	1,060,739	2015	377	0	995,774
9/13/2016	1,875,003	2015	621	0	1,689,622
Total	6,173,567				5,808,255

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

American Commercial Lines 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.

American Commercial Lines Prior Plan

The American Commercial Lines Restated Pension Plan (ACL 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.

ACL Prior 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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Salaried Participants

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.

Early Retirement

Eligibility

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

Benefit Amount

The accrued normal retirement gross benefit is reduced $1/360^{\text{th}}$ 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.

ACL Prior 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%



American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Salaried Participants

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.

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.

ACL Prior 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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Salaried Participants

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.

Frozen ACL: Actuarial equivalent 50% contingent annuity with spouse as beneficiary.

Single

Single Life Annuity

Frozen ACL: 60 months certain and life annuity.

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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Salaried Participants

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 frozen ACL 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, 2014 Valuation

None.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

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.

Normal Retirement

Eligibility

Age 62 (Age 64 for Louisiana Dock Participants).

Benefit

\$20.00 per month times years of Credited Service.

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.

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.

Disability

Eligibility

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

Benefit

Accrued benefit payable immediately.



American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Hourly Participants

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-, fifteen-, or twenty-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.

Summary of Changes from the January 1, 2014 Valuation

None.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Jeffboat Participants

Eligibility

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

Participation

Immediate

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

Normal Form of Benefit

Eligibility

Age 62.

Benefit

Specific monthly dollar multiplier times years of Credited Service.

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

Early Retirement

Eligibility

Age 55 and five years of Service

Benefit

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

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

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Jeffboat Participants

Late Retirement

Eligibility

First of month subsequent to eligibility for Normal Retirement.

Benefit

Accrued benefit determined at actual retirement date.

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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

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

Jeffboat Participants

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

Definitions

Credited Service

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

Service

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

Summary of Changes from the January 1, 2014 Valuation

None.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of plan sponsor:		American Commercial Lines 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	\$ 3,848,637	\$ 3,848,637
Common Stock				
	ACE Limited	Ace Limited	262,034	429,190
	Alibaba Group Holding Ltd	Alibaba Group Holding Ltd	527,726	552,636
	Alphabet Inc.	Alphabet Inc.	874,896	1,435,042
	Amazon Company Inc.	Amazon Company Inc.	455,144	1,030,732
	Anadarko Petroleum Corp	Anadarko Petroleum Corp	282,991	174,888
	AON Plc	AON Plc	596,862	1,121,366
	ARM Holdings Plc	ARM Holdings Plc - ADR	210,862	304,872
	Bank of America Corp	Bank of America Corp	512,334	496,485
	Berkley W R Corp	Berkley W R Corp	243,660	385,988
	Berkshire Hathaway Inc.	Berkshire Hathaway Inc.	1,034,165	1,643,898
	Canadian Pacific Railway Ltd	Canadian PAC RY Ltd	246,780	264,770
	CHR Hansen Holdings	CHR Hansen Holdings A/S	219,839	349,908
	Citigroup Inc.	Citigroup Inc.	1,072,591	1,164,375
	Coloplast A/S	Coloplast A/S	289,893	337,987
	Compass Group PLC	Compass Group PLC	286,034	293,866
	Constellation Brands Inc.	Constellation Brands Inc.	85,891	284,880
	Core Laboratories N.V.	Core Laboratories N.V.	350,215	320,566
	CSL Limited	CSL Limited	332,208	394,285
	Ctrip.com International Ltd	Ctrip.com International Ltd	337,085	321,716
	Discovery Communications Inc.	Discovery Communications Inc.	290,370	232,116
	Dish Network Corp	Dish Network Corp	889,296	903,444
	Ecolab Inc.	Ecolab Inc.	463,384	953,357
	Experian PLC	Experian PLC	351,428	357,532
	Fanuc Corporation	Fanuc Corporation	248,616	269,413
	HDFC Bank Ltd	HDFC Bank Ltd	179,130	193,424
	Goldman Sachs Group Inc.	Goldman Sachs Group Inc.	314,391	552,585
	Icon PLC	Icon PLC	285,849	333,333
	Indutria De Diseno Textil, S.A	Indutria De Diseno Textil, S.A Inditex	129,104	158,959
	JPMorgan Chase & Co	JPMorgan Chase & Co	854,491	944,229
	The Kraft Heinz Company	The Kraft Heinz Company	261,522	261,936
	Lazard Ltd	Lazard Ltd	152,723	254,757
	Liberty Global PLC	Liberty Global PLC	722,681	1,426,950
	Liberty Lilac Group	Liberty Lilac Group	36,517	75,250
	LVMH Moet Hennessy Louis Vuitton	LVMH Moet Hennessy Louis Vuitton	253,292	239,771
	Microsoft Corp	Microsoft Corp	663,380	1,414,740
	Mondelez International Inc.	Mondelez International Inc.	406,612	766,764
	Morgan Stanley Company	Morgan Stanley Company	119,306	262,433
	Nestle S.A.	Nestle S.A. Registered Shares - ADR	351,353	425,680
	Noble Energy Inc.	Noble Energy Inc.	629,957	447,848
	Novo Nordisk A/S	Novo Nordisk A/S - ADR	186,175	442,744
	Novozymes A/S	Novozymes A/S - Un-sponsored	212,824	338,239
	PepsiCo Inc.	PepsiCo Inc.	424,554	679,456
	Perrigo Co PLC	Perrigo Co PLC	277,669	256,119
	Oracle Corporation	Oracle Corporation	1,260,542	1,585,402
See Independent Auditor's Report				
*Party-in-interest				

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of plan sponsor:		American Commercial Lines 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)				
	Reckitt Benckiser PLC	Reckitt Benckiser PLC	\$ 369,909	\$ 397,644
	Sensata Technologies Holding N.V.	Sensata Technologies Holding N.V.	233,772	309,846
	SGS SA	SGS SA	244,105	274,773
	Shoprite Holdings Limited	Shoprite Holdings Limited	222,140	101,118
	Starwood Hotels & Resorts	Starwood Hotels & Resorts	268,700	266,728
	Swatch Group AG	Swatch Group AG	169,828	124,895
	Sysmex Corporation	Sysmex Corporation	93,443	265,700
	Taiwan Semiconductor Manufacturing Company Ltd	Taiwan Semiconductor Manufacturing Company Ltd – ADR	298,201	534,693
	Tencent Holdings Limited	Tencent Holdings Limited	122,754	349,432
	Thermo Fisher Scientific Inc.	Thermo Fisher Scientific Inc.	180,754	510,660
	Twenty First Century Fox Inc.	Twenty First Century Fox Inc.	1,004,720	1,130,477
	Uni Charm Corporation	Uni Charm Corporation	208,723	177,931
	UnitedHealth Group Inc.	UnitedHealth Group Inc.	310,719	788,188
	Valeant Pharmaceuticals International Inc.	Valeant Pharmaceuticals International Inc.	865,254	654,118
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	174,426	173,535
	Yandex N.V.	Yandex N.V.	247,518	172,464
			<u>23,201,342</u>	<u>31,316,133</u>
Mutual Funds				
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional Fund	9,260,024	7,719,854
	First Eagle Investment Mgmt, LLC	First Eagle Global Fund Institutional	8,456,666	9,305,006
	Parnassus Investments	Parnassus Core Equity Institutional	24,280,096	22,620,006
	Prudential Investments Co. LLC	Prudential Jennison Natural Resources Fund	20,303,330	12,214,196
	Salient	Salient MLP & Energy Infrastructure Fund	11,600,000	9,937,122
	Scout Investments, Inc.	Scout Investments Unconstrained Bond Fund	9,295,168	9,084,957
			<u>83,195,284</u>	<u>70,881,141</u>
Hedge Funds				
	Blackgold Capital Management LP	Blackgold Opportunity Offshore Fund 4/15	3,500,000	2,574,247
	Blackgold Capital Management LP	Blackgold Opportunity Offshore Fund 1/15	6,500,000	4,568,268
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund Class A	11,000,000	7,857,542
	Definitive Guardian LTD.	Definitive Guardian Fund 5% Holdback	491,695	491,695
	Hayman Capital Management, LP	Hayman Capital IRT Mirrored Holding	9,200,000	8,446,824
	Mesa West	Mesa West Core Lending Fund IRT Mirrored Holding	6,189,499	6,189,569
	Winton Futures Fund LTD.	Winton Futures Fund Class B June 2015 Series	9,300,000	9,263,964
	Winton Futures Fund LTD.	Winton Futures Fund Class B Lead Series	9,952,108	10,045,058
			<u>56,133,302</u>	<u>49,437,167</u>
			<u>\$ 166,378,565</u>	<u>\$ 155,483,078</u>

See Independent Auditor's Report
*Party-in-interest

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

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2015	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$4,334,021	1/1/2015	7	\$720,761
Shortfall	(\$235,249)	1/1/2014	6	(\$44,282)
Shortfall	\$753,597	1/1/2013	5	\$164,932

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

Schedule SB, Line 24 - Change in Actuarial Assumptions

- The assumed rates of retirement and withdrawal were changed to better reflect anticipated experience.
- The frequency of optional payment form elections was changed to better reflect anticipated experience.
- To better reflect anticipated experience, the assumed age of benefit commencement for future terminated vested participants was changed from the later of current age or age 62 for Hourly and Jeffboat participants and the later of current age or age 65 for Salaried participants to the later of current age or age 61.
- Expected plan administrative expenses added to the Target Normal Cost were updated to \$1,836,380.
- All of these changes were based upon an evaluation of recent plan experience.