

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; 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 and address; include room or suite number (employer, if for a single-employer plan) <u>AMERICAN COMMERCIAL LINES 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 colspan="2">2b Employer Identification Number (EIN) <u>52-2106600</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>812-288-0100</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>483000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-2106600</u>		2c 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 Sponsor's telephone number <u>812-288-0100</u>									
2d Business code (see instructions) <u>483000</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	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. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address THE ADMINISTRATIVE COMMITTEE		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		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	4999
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants	6a	1206
b Retired or separated participants receiving benefits	6b	1483
c Other retired or separated participants entitled to future benefits.....	6c	2022
d Subtotal. Add lines 6a , 6b , and 6c	6d	4711
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	122
f Total. Add lines 6d and 6e	6f	4833
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>AMERICAN COMMERCIAL 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 or 5500-SF <u>AMERICAN COMMERCIAL LINES LLC</u>	D Employer Identification Number (EIN) <u>52-2106600</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>177655959</u>
b Actuarial value	2b <u>176433745</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1526</u> <u>73087884</u>
b For terminated vested participants.....	3b <u>2169</u> <u>49509441</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1512626</u>
(2) Vested benefits	3c(2) <u>53303749</u>
(3) Total active.....	3c(3) <u>1304</u> <u>54816375</u>
d Total.....	3d <u>4999</u> <u>177413700</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.72 %</u>
6 Target normal cost	6 <u>3851954</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/09/2014</u>
Signature of actuary		Date
<u>PAUL BAUGHER</u>		<u>14-06586</u>
Type or print name of actuary		Most recent enrollment number
<u>BUCK CONSULTANTS, LLC.</u>		<u>314-725-0114</u>
Firm name		Telephone number (including area code)
<u>231 SOUTH BEMISTON, SUITE 400</u> <u>ST. LOUIS, MO 63105-1914</u>		
Address of the firm		

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2013
v. 130118

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>10.62</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)		207
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		15
c Total available at beginning of current plan year to add to prefunding balance		222
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	99.44 %
15 Adjusted funding target attainment percentage	15	95.30 %
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	100.94 %
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
09/15/2014	4487696	0			
			Totals ►	18(b)	4487696
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4016886
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	3851954	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	979955	164932	
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	4016886	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	4016886	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4016886	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 LINES LLC	D Employer Identification Number (EIN) 52-2106600

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

83-0368447

(b) Enter name and EIN or address of person who provided you disclosure 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

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	364475	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 68	NONE	217783	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WCM INVESTMENT MANAGEMENT

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	128209	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

BUCK CONSULTANTS

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	106671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK, NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	91307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BREAN CAPITAL, LLC

13-4113323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	28705	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	28705
(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	28705	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 LINES 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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALPHA SECTOR PREMIUM SERIES CLASS I</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>58-1428634-018</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: <u>DEFINITIVE GUARDIAN MASTER FUND LTD</u>		
b Name of sponsor of entity listed in (a): <u>DEFINITIVE GUARDIAN MASTER</u>		
c EIN-PN <u>98-0604742-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>F-SQUARED ALPHA SECTOR US EQUITY I</u>		
b Name of sponsor of entity listed in (a): <u>TRUST ADVISORS PORTFOLIO PROGRAM SERIES 3</u>		
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>29881444</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM INVESTMENT FUND N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK N.A.</u>		
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>972394</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
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 LINES LLC</u>		D Employer Identification Number (EIN) <u>52-2106600</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4351	1589
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	309464	4487696
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	57982	308814
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17440005	0
(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)	36346570	41785739
(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)	26558244	30853838
(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)	67877310	70718124
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	29454700	42685664

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	178048626	190841464

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	178048626	190841464
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4487696	
(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)		4487696

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13029	
(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)		13029

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	509428	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1067152	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1576580

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	52251846	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	50946096	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1305750

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6515354	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6515354

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8598813
(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)		1499795
c Other income.....	2c		-379096
d Total income. Add all income amounts in column (b) and enter total.....	2d		23617921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9318743	
(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)		9318743
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)	106671	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	801775	
(4) Other.....	2i(4)	597894	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1506340
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10825083

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		12792838
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 HORWATCH LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 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 (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 LINES LLC</u>	D Employer Identification Number (EIN) <u>52-2106600</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<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>72</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)
----------------	--

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 59.0% Investment-Grade Debt: 33.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 8.0%

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

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

**AMERICAN COMMERCIAL LINES LLC
PENSION PLAN**

December 31, 2013 and 2012

FINANCIAL STATEMENTS

AMERICAN COMMERCIAL LINES LLC 401(K) PLAN
Jeffersonville, Indiana

FINANCIAL STATEMENTS
December 31, 2013 and 2012

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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, 2013 and 2012, 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 audit 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, 2013 and 2102 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

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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, 2013 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 13, 2014

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Investments, at fair value		
Common stock	\$ 41,785,739	\$ 36,346,570
Mutual funds	70,718,124	67,877,310
Collective trusts	30,853,838	43,998,249
Hedge funds	<u>42,685,664</u>	<u>29,454,700</u>
	186,043,365	177,676,829
Receivables		
Employer contribution	4,487,696	309,464
Accrued interest and dividends	26,166	19,923
Due from broker	<u>282,648</u>	<u>38,059</u>
	4,796,510	367,446
Cash - noninterest bearing	<u>1,589</u>	<u>4,351</u>
Total assets	190,841,464	178,048,626
Liabilities		
Accrued administrative expenses	<u>-</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 190,841,464</u></u>	<u><u>\$ 178,048,626</u></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, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 17,540,616	\$ 15,334,958
Interest and dividends	<u>1,589,609</u>	<u>2,513,538</u>
	19,130,225	17,848,496
Employer contributions	<u>4,487,696</u>	<u>2,194,464</u>
Total additions	23,617,921	20,042,960
Deductions		
Benefits paid	9,318,743	7,821,418
Administrative expenses	<u>1,506,340</u>	<u>1,276,852</u>
Total deductions	<u>10,825,083</u>	<u>9,098,270</u>
Net increase	12,792,838	10,944,690
Net assets available for benefits		
Beginning of year	<u>178,048,626</u>	<u>167,103,936</u>
End of year	<u>\$ 190,841,464</u>	<u>\$ 178,048,626</u>

See accompanying notes to financial statements.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

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 Lines LLC Benefits Department.

General: The Plan is a non-contributory defined benefit pension plan sponsored by American Commercial Lines 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 2013 and 2012 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.

The Plan was amended to freeze the pension multiplier for Jeffboat LLC collectively bargained hourly employees (Jeffboat Participants) who transfer to a nonunion position at the rate in effect at the later of March 31, 2009 or the date of transfer and changed for salaried disabled employees the date service stops accruing to age 65 from the date disability benefits stop.

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: 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.

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 1 - DESCRIPTION OF PLAN (Continued)

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.

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

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, as further described in Note 5. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net 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 and accompanying notes and supplemental schedules. 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.

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

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, 2012 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	75	100
	66	20	75	100
	67	100	25	100

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

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

Mortality basis RP 2000 Combined Healthy Table Projected to 2020

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, 2012 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 64,093,820
Other participants	<u>83,929,164</u>
	148,022,984
 Non-vested benefits	 <u>1,521,934</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 149,544,918</u>

The changes in the actuarial present value of the accumulated plan benefits information during 2012 are as follows:

Actuarial present value of accumulated plan benefits	
at beginning of year	\$ 144,988,056
Increase (decrease) during the year attributed to:	
Increase for interest due to the decrease in the discount period	11,623,915
Actuarial gains/losses	(1,599,503)
Benefits accumulated	2,558,125
Change in actuarial assumptions **	(204,257)
Benefits paid	<u>(7,821,418)</u>
Net increase	<u>4,556,862</u>
Actuarial present value of accumulated plan benefits	
at end of year	<u>\$ 149,544,918</u>

**The change in actuarial assumptions line is due to a change in the mortality table, projected out one additional year. 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.

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 4 - INVESTMENTS - UNAUDITED INFORMATION (Continued)

The fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	<u>2013</u>	<u>2012</u>
Investments at fair value		
Hedge funds		
Definitive Guardian Fund, Ltd. Series 13	\$ 19,818,655	\$ 15,467,671
Balestra Global, Ltd.	11,921,773	13,987,029
Mutual funds:		
Aberdeen Emerging Markets Institutional	13,334,396	12,592,742
First Eagle Global Fund Institutional	13,351,498	12,454,665
Franklin Templeton Emerging Market Debt Opportunities Fund	12,888,839	12,516,190
PIMCO Unconstrained Bond Fund Institutional	12,363,482	12,493,304
Prudential Jennison Natural Resources Fund	18,779,909	17,820,409
Collective trusts:		
Wells Fargo Short-Term Investment Fund G	972,394*	17,440,005
Alpha Sector Premium Fund I	29,881,444	26,558,244

*Not over 5%, presented for comparative purposes.

During the years ended December 31, 2013 and 2012, the Plan's investments (including investments bought and sold, and held during the year) appreciated (depreciated) in fair value as follows:

	<u>2013</u>	<u>2012</u>
Common stock	\$ 11,061,599	\$ 5,445,243
Mutual funds	1,603,082	3,078,396
Collective trusts	7,952,075	6,606,678
Hedge funds	<u>(3,076,140)</u>	<u>204,641</u>
	<u>\$ 17,540,616</u>	<u>\$ 15,334,958</u>

The trustee reported that during 2013 and 2012 the Plan had interest and dividend income of \$1,589,609 and \$2,513,538, respectively

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:

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

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

Mutual Funds 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 (Level 2 inputs). The Wells Fargo Short-Term Investment Fund G seeks to provide high current income consistent with the preservation of capital and the maintenance of liquidity. The Alpha Sector Premium Fund seeks to modestly outperform the Standard & Poor's 500 Index in growth markets and significantly outperform the Index during bear markets. 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.

As of December 31, 2013 and 2012 the Plan invests in the Balestra Global Ltd. and the Definitive Guardian Fund Ltd hedge funds. As of December 31, 2013 the Plan added two hedge funds to the Plan, the Kohinoor Core Fund and a different share class of the Definitive Guardian 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 ("Master Fund"). The 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 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 (Level 2). The Balestra Global Ltd invests primarily in the Balestra Capital Partners, L.P. ("BCP") a limited partnership. The Partnership 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 BCP investment accounts for 97% of the fund's investments as of December 31, 2013 and 2012. The Balestra Global Ltd 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

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

45 day written notice. Because of redemption which did not allow the Plan to receive the net asset value of the investment in the near term, this investment is deemed to have level 3 measurement inputs as of December 31, 2012, as noted above these restrictions have lapsed for 2013. Partial redemptions will not be permitted if the aggregate remaining value of the investor shares owned is less than \$1,000,000 (Level 2). The Kohinoor Core Fund is an offshore feeder fund with substantially all of its investments in the Kohinoor Core Master Fund. At December 31, 2013, the fund's holding in the Master Fund accounts for 100% of the Master Fund's net assets. The fund's objective is to seek to profit from extreme price and volatility movements in the world of financial markets. The Kohinoor Core Funds is redeemable on a monthly basis with a 30 day notice (Level 2).

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.

Fair Value Measurements at December 31, 2013, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock:				
Energy	\$ 1,416,688	\$ -	\$ -	\$ 1,416,688
Financial	8,849,295	-	-	8,849,295
Healthcare	3,270,949	-	-	3,270,949
Industrials	2,467,746	-	-	2,467,746
Information technology	5,563,808	-	-	5,563,808
Manufacturing	458,347	-	-	458,347
Materials	2,242,994	-	-	2,242,994
Technology	3,402,336	-	-	3,402,336
Consumer	14,113,576	-	-	14,113,576
Mutual funds- equity:				
Natural resources	18,779,909	-	-	18,779,909
Balanced lifestyle	13,351,498	-	-	13,351,498
Emerging markets	13,334,396	-	-	13,334,396
Multi-sector bond	25,252,321	-	-	25,252,321
Collective trusts:				
Fixed income	-	972,394	-	972,394
S&P 500 index	-	29,881,444	-	29,881,444
Hedge funds:				
Derivatives	-	9,208,023	-	9,208,023
Fixed income	-	33,477,641	-	33,477,641
Total assets at fair value	<u>\$ 112,503,863</u>	<u>\$ 73,539,502</u>	<u>\$ -</u>	<u>\$ 186,043,365</u>

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Fair Value Measurements at December 31, 2012, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Common stock:				
Energy	\$ 2,289,556	\$ -	\$ -	\$ 2,289,556
Financial	7,854,990	-	-	7,854,990
Healthcare	1,371,758	-	-	1,371,758
Industrials	1,220,138	-	-	1,220,138
Information technology	5,651,434	-	-	5,651,434
Logistics	263,007	-	-	263,007
Manufacturing	506,596	-	-	506,596
Materials	2,584,305	-	-	2,584,305
Restaurants	442,711	-	-	442,711
Technology	2,916,581	-	-	2,916,581
Consumer	11,245,494	-	-	11,245,494
Mutual funds- equity:				
Natural resources	17,820,409	-	-	17,820,409
Global all cap	12,454,665	-	-	12,454,665
Emerging markets	12,592,742	-	-	12,592,742
Multi-sector bond	25,009,494	-	-	25,009,494
Collective trusts:				
Fixed income	-	17,440,005	-	17,440,005
S&P 500 index	-	26,558,244	-	26,558,244
Hedge funds:				
Fixed income	-	15,467,671	13,987,029	29,454,700
Total assets at fair value	<u>\$ 104,223,880</u>	<u>\$ 59,465,920</u>	<u>\$ 13,987,029</u>	<u>\$ 177,676,829</u>

(Continued)

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The table below presents a reconciliation of all investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended December 31, 2013 and 2012, including the reporting classifications for the applicable gains and losses included in the 2013 and 2012 statement of changes in net assets available for benefits.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) <u>Balestra Global Ltd.</u>
Balance, January 1, 2012	\$ 14,850,000
Total gains or losses included in change in net assets available for benefits:	
Unrealized depreciation (relating to assets held at end of year)	<u>(862,971)</u>
Balance, December 31, 2012	<u>\$ 13,987,029</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2013:

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3) <u>Balestra Global Ltd.</u>
Balance, January 1, 2013	\$ 13,987,029
Total gains or losses included in change in net assets available for benefits:	
Realized gain	63,775
Unrealized appreciation (relating to assets held at end of year)	<u>870,969</u>
Net appreciation in fair value of investments	934,744
Sales	(3,000,000)
Transfers out	<u>(11,921,773)</u>
Balance, December 31, 2013	<u>\$ -</u>

A contractual minimum holding period for The Balestra Global Ltd. share class held by the Plan expired in December 2013. Therefore, this fund has been transferred from Level 3 to Level 2 in the fair value hierarchy at December 31, 2013.

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AMERICAN COMMERCIAL LINES LLC PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

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 has indicated that it will take the necessary steps, if any, to bring the Plan's operations into 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, 2013 and 2012, 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 2010.

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, 2013 and 2012 the Plan held an investment in collective trust fund offered Wells Fargo Bank, N.A., trustee of the Plan, totaling \$972,394 and \$17,440,005, respectively.

NOTE 8 - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 13, 2014, 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, 2013

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
<u>Collective Trusts</u>				
*	Wells Fargo Bank, N.A.	Wells Fargo Short-term Investment Fund G	\$ 972,394	\$ 972,394
	Reliance Trust Company	Alpha Sector Premium Fund	<u>19,726,927</u>	<u>29,881,444</u>
			20,669,321	30,853,838
<u>Common Stock</u>				
	ACE Limited	Ace Limited	424,334	615,796
	Aon Plc	AON PLC	871,710	1,489,970
	Asos PLC	Asos PLC	259,527	444,675
	Arm Holdings Plc	ARM Holdings PLC - ADR	196,200	406,378
	ASML Holding N.V.	ASML Holding N.V.	394,051	577,848
	BRF S.A.	Brasil Foods	333,589	387,034
	Canadian National Railway Company	Canadian National RR Company	407,383	597,570
	Core Laboratories N.V.	Core Laboratories NV	273,228	478,330
	Canadian PAC RY Ltd	Canadian PAC RY Ltd	484,045	615,872
	Fanuc Corporation	Fanuc Corporation	396,728	458,347
	Jeronimo Martins, SGPS, S.A.	Jeronimo Martins, SGPS, S.A.	206,265	248,597
	Constellation Brands Inc	Constellation Brands Inc	528,232	865,674
	Covidien PLC	Covidien PLC	433,802	527,094
	Lazard LTD	Lazard LTD	335,235	563,056
	LVMH Moet Hennessy Louis Vuitton SA	LVMH Moet Hennessy Louis Vuitton SA	252,258	285,663
	Nestle S.A.	Nestle S.A.	1,123,065	1,453,918
	Novo Nordisk A/S	Novo Nordisk A/S	376,723	569,985
	Novozymes A/S	Novozymes A/S	345,449	486,201
	Indutria De Diseno Textil, S.A	Indutria De Diseno Textil, S.A	462,198	544,665
	SGS SA	SGS SA	395,868	535,890
	Dish Network Corp	Dish Network Corp	491,139	724,000
	Shoprite Holdings Limited	Shoprite Holdings Limited	357,776	276,854
	Svenska Cellulosa Aktiebolaget SCA	Svenska Cellulosa Aktiebolaget - ADR	351,411	514,924
	Sysmex Corporation	Sysmex Corporation	219,351	286,618
	Taiwan Semiconductor Manufacturing Company Limited	Taiwan Semiconductor Manufacturer	483,596	664,726
	Tencent Holdings Limited	Tencent Holdings Limited	315,673	590,087
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	282,115	291,499
	Ecolab Inc	Ecolab Inc	641,288	1,202,754
	Praxair Inc.	Praxair Inc.	811,484	1,040,240
	3M Company	3M Company	242,043	434,775
	Sensata Technologies Holding N.V.	Sensata Technologies Holding N.V.	378,789	422,593
	Sun Art Retail Group Ltd.	Sun Art Retail Group Ltd.	506,230	435,559
	Twenty First Century Fox Inc	Twenty First Century Fox Inc	422,676	949,874

(Continued)

See Independent Auditor's Report

*Party-in-interest

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

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
	<u>Common Stock</u> (Continued)			
	Comcast Corporation	Comcast Corp-Special CL A	\$ 415,182	\$ 907,816
	Liberty Global, Inc.	Liberty Global Inc Com Ser C	582,318	1,209,096
	Mercadolibre Inc.	Mercadolibre Inc.	260,421	274,864
	Coca Cola Company	Coca Cola Co	911,336	1,111,239
	Coca Cola Enterprises	Coca Cola Enterprises	319,752	523,602
	Mondelez International Inc.	Mondelez International Inc.	622,997	924,860
	Pepsico Inc	Pepsico Inc	680,535	904,046
	Wal-Mart Stores Inc	Wal-Mart Stores Inc	807,362	1,117,398
	Perrigo Co PLC	Perrigo Co PLC	546,402	538,645
	Noble Energy Inc	Noble Energy Inc	956,547	1,416,688
	Berkley W R Corporation	Berkley W R Corp	494,233	620,477
	Berkshire Hathaway Inc	Berkshire Hathaway Inc	1,396,941	2,051,088
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	447,694	773,917
	Loews Corporation	Loews Corp	757,947	940,680
	Morgan Stanley Company	Morgan Stanley Com	555,315	1,204,224
	Altera Corporation	Altera Corp	446,286	390,132
	Fidelity National Information Svcs Inc	Fidelity National Information Svcs Inc	294,822	638,792
	Google Inc	Google Inc CL A	737,287	1,412,095
	Microsoft Corporation	Microsoft Corp	913,123	1,313,091
	Oracle Corporation	Oracle Corporation	1,373,816	1,809,698
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	316,319	701,505
	Unitedhealth Group Inc	Unitedhealth Group Inc	575,061	933,720
			28,413,919	41,785,739
	<u>Mutual Funds</u>			
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional	12,557,108	13,334,396
	First Eagle Investment Management, LLC	First Eagle Global Fund Institutional	11,622,444	13,351,498
	Franklin Templeton Investment Management LTD.	Franklin Templeton Emerging Market Debt	13,421,154	12,888,839
	Pacific Investment Management Company LLC	Pimco Unconstrained Bond Fund	12,262,347	12,363,482
	Prudential Investments LLC	Prudential Jennison Natural Resources Fund	18,336,896	18,779,909
			68,199,949	70,718,124
	<u>Hedge Funds</u>			
	Balestra Global LTD.	Balestra Global Ltd.	11,786,225	11,921,773
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	9,208,023
	Definitive Guardian LTD.	Definitive Guardian Fund LTD Series 13	21,167,670	19,818,655
	Definitive Guardian LTD.	Definitive Guardian Fund LTD Series 713	1,700,000	1,737,213
			45,653,895	33,477,641
			<u>\$ 162,937,084</u>	<u>\$ 186,043,365</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, 2012

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

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Category 1 - single transaction exceeds 5% of value</u>						
Wells Fargo	WF Short-term Investment Fund G	\$ 11,000,000	\$ -	\$ 11,000,000	\$ 11,000,000	\$ -
Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	-	11,000,000	11,000,000	-
<u>Category 3 - series of transactions in same security exceeds 5% of value</u>						
Wells Fargo	WF Short-term Investment Fund G	\$ 22,013,376	\$ -	\$ 22,013,376	\$ 22,013,376	\$ -
Wells Fargo	WF Short-term Investment Fund G	-	38,480,987	38,480,987	38,480,987	-
Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	-	11,000,000	11,000,000	-

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	-	6	-	4	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	10
30 - 34	2	-	17	-	13	-	7	-	1	-	0	-	0	-	0	-	0	-	0	-	40
35 - 39	0	-	8	-	15	-	10	-	5	-	0	-	0	-	0	-	0	-	0	-	38
40 - 44	1	-	12	-	19	-	22	100,442	7	-	4	-	1	-	0	-	0	-	0	-	66
45 - 49	1	-	7	-	14	-	16	-	13	-	8	-	4	-	0	-	0	-	0	-	63
50 - 54	0	-	8	-	11	-	19	-	22	85,930	17	-	10	-	20	86,183	4	-	0	-	111
55 - 59	0	-	4	-	5	-	28	84,694	16	-	24	92,456	4	-	17	-	11	-	2	-	111
60 - 64	0	-	2	-	3	-	14	-	21	73,464	14	-	1	-	5	-	8	-	4	-	72
65 - 69	0	-	0	-	1	-	4	-	2	-	2	-	0	-	1	-	0	-	2	-	12
70+	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	1	-	0	-	1
Total	4		64		85		120		87		69		20		43		24		8		524

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	2	43	1	0	0	0	0	0	0	46
30 - 34	0	0	28	18	0	0	0	0	0	0	46
35 - 39	0	0	18	18	1	0	0	0	0	0	37
40 - 44	0	1	18	23	5	1	0	0	0	0	48
45 - 49	0	1	10	19	10	4	0	0	0	0	44
50 - 54	0	2	11	16	5	9	6	2	0	0	51
55 - 59	0	0	6	11	4	11	2	0	0	0	34
60 - 64	0	4	3	2	3	4	1	2	1	0	20
65 - 69	0	0	2	1	0	2	0	0	0	0	5
70+	0	0	0	0	1	0	0	0	0	0	1
Total	0	10	139	109	29	31	9	4	1	0	332

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, line 26 – Schedule of Active Participant Data

Jeffboat

	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	2	0	0	0	0	0	0	0	2
25 - 29	0	1	26	1	0	0	0	0	0	0	28
30 - 34	0	1	32	7	1	0	0	0	0	0	41
35 - 39	0	0	30	12	21	1	0	0	0	0	64
40 - 44	0	2	24	11	13	10	0	0	0	0	60
45 - 49	0	1	39	5	18	10	0	0	0	0	73
50 - 54	0	0	24	8	20	11	0	0	0	0	63
55 - 59	0	0	22	3	12	16	0	0	3	0	56
60 - 64	0	1	15	2	9	6	3	2	9	5	52
65 - 69	0	0	2	0	1	2	0	0	1	1	7
70+	0	0	0	0	0	0	0	0	1	1	2
Total	0	6	216	49	95	56	3	2	14	7	448

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

Funding interest rates

Current Year:	Segment Rates with four month lookback:	
	First Segment Rate	1.75%
	Second Segment Rate	4.62%
	Third Segment Rate	5.72%

In accordance with MAP-21 and HATFA, the first, second and third Segment Rates are constrained to a 90%-110% corridor around the average Segment Rates for the 25-year period ending September 30, 2012, or **5.23%**, **6.51%** and **7.16%**, respectively for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

Effective Interest Rate (Based on HATFA rates)	6.72%
---	-------

Prior Year:	Segment Rates with four month lookback:	
	First Segment Rate	2.06%
	Second Segment Rate	5.25%
	Third Segment Rate	6.32%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

Effective Interest Rate (Based on MAP-21 rates)	7.06%
--	-------

Mortality

	Current Year	Prior Year
Annuitant	RP-2000 Healthy Annuitant Table projected to 2020	RP-2000 Healthy Annuitant Table projected to 2019
Non-annuitant	RP-2000 Employees Table projected to 2028	RP-2000 Employees Table projected to 2027

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

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Prescribed Funding Assumptions and Methods

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

Salary increase assumption

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

Expenses

Current Year: Expected plan administrative expenses of \$777,060 were added to the Target Normal Cost

Prior Year: Expected plan administrative expenses of \$660,731 were added to the Target Normal Cost.

Frequency of optional payment forms

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%

Marital percentage

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

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%

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

Based on experience.

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%

Retirement for vested deferred Salaried participants is assumed to be 100% at age 65 or current age if later. Retirement for vested deferred Hourly/Jeffboat participants is assumed to be 100% at age 62 or current age if later.

Withdrawal rates¹

Based on experience. Sample rates as follows:

Age	Salaried	Hourly	Jeffboat
20	12%	15%	25%
25	11%	15%	20%
30	10%	13%	16%
35	9%	11%	14%
40	8%	9%	12%
45	7%	8%	10%
50	6%	7%	8%
55	5%	5%	6%
60	4%	5%	6%
64	4%	5%	6%

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 asset 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.

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2012 measurement period:	7.52%
2011 measurement period:	6.57%

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2012

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

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Category 1 - single transaction exceeds 5% of value</u>						
Wells Fargo	WF Short-term Investment Fund G	\$ 11,000,000	\$ -	\$ 11,000,000	\$ 11,000,000	\$ -
Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	-	11,000,000	11,000,000	-
<u>Category 3 - series of transactions in same security exceeds 5% of value</u>						
Wells Fargo	WF Short-term Investment Fund G	\$ 22,013,376	\$ -	\$ 22,013,376	\$ 22,013,376	\$ -
Wells Fargo	WF Short-term Investment Fund G	-	38,480,987	38,480,987	38,480,987	-
Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	-	11,000,000	11,000,000	-

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</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form Is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

► 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 LINES 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>2013</u>			
2 Assets:			
a Market value	2a		177655959
b Actuarial value	2b		176433745
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	1526	73087884
b For terminated vested participants.....	3b	2169	49509441
c For active participants:			
(1) Non-vested benefits	3c(1)		1512626
(2) Vested benefits	3c(2)		53303749
(3) Total active.....	3c(3)	1304	54816375
d Total.....	3d	4999	177413700
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		6.72%
6 Target normal cost.....	6		3851954

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	Paul Baugher	<u>10/9/2014</u> Date
	Signature of actuary	1406586
	Type or print name of actuary	Most recent enrollment number
	Buck Consultants, LLC.	314-725-0114
	Firm name	Telephone number (including area code)
	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) 2013

Liquidity shortfall as of end of quarter of this plan year

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			4
22 Weighted average retirement age	22			63
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	3851954	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	979955	164932	
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	4016886	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	4016886	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4016886	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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	406.11	0.0585	23.77	1,307.19
56	409.29	0.0687	28.14	1,575.73
57	415.01	0.0687	28.53	1,625.98
58	435.09	0.0735	31.99	1,855.55
59	437.19	0.0729	31.87	1,880.24
60	431.00	0.0954	41.10	2,465.92
61	422.26	0.1107	46.76	2,852.41
62	399.42	0.2733	109.14	6,766.84
63	311.24	0.1703	53.00	3,339.23
64	276.12	0.1672	46.18	2,955.47
65	241.32	0.5748	138.71	9,016.14
66	113.78	0.2399	27.29	1,801.28
67	87.43	1.0000	87.43	5,857.63
68	2.00	1.0000	2.00	136.00
69	3.00	1.0000	3.00	207.00
70	3.00	1.0000	3.00	210.00
71	1.00	1.0000	1.00	71.00
72	0.00	1.0000	0.00	0.00
73	1.00	1.0000	1.00	73.00
74	0.00	1.0000	0.00	0.00
75	1.00	1.0000	<u>1.00</u>	<u>75.00</u>
Total			704.91	44,071.61
Weighted Average Retirement Age				
44071.61/704.91				62.52
Rounded Weighted Average Retirement Age				63

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 15 – Reconciliation of differences between valuation results and
amounts used to calculate AFTAP**

The plan sponsor elected to defer use of HATFA assumptions for benefit restriction purposes until 2014. The Enrolled Actuary signed an AFTAP Certification on 9/30/2013. That certification used MAP-21 first, second, and third segment rates of 4.94%, 6.15% and 6.76%, respectively. It showed these values:

Adjusted Funding Target Attainment Percentage 95.46%

Funding Target	\$	185,133,062
Actuarial Value of Assets	\$	176,740,353
Adjusted Funding Target	\$	185,133,062
Adjusted Actuarial Value of Assets	\$	176,740,353

The 2013 AFTAP is 99.44% using the HATFA assumptions shown on line 21a and the Funding Target shown in line 3d. As this results in an immaterial change, the plan sponsor has not requested and the enrolled actuary has not signed a 2013 AFTAP Certification using segment rates constrained by HATFA.

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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Salaried Participants

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 1/180th per month for the first 60 months and 1/360th per month for the next 60 months by which commencement precedes normal retirement age 65.

Surviving Spouse Benefit

Eligibility

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

Benefit Amount

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

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

Normal Form of Benefit

Married

Unreduced 50% contingent annuity with spouse as beneficiary.

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.

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.

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.

<u>Date of Termination</u>	<u>Multiplier</u>
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	Benefit
<u>Age</u>	<u>Percentage</u>
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:

<u>Date of Disability</u>	<u>Multiplier</u>
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

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Jeffboat Participants

Preretirement Death Benefit

Eligibility

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

Benefit

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

Normal Form Benefit

Single

Five-year Certain and Life Annuity.

Married

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

Source of Employee Contributions

The company pays the entire ongoing cost of the Plan.

Optional Forms of Benefit

- Five-year Certain and Life Annuity
- 50% or 75% Joint and Survivor Annuity

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.

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Jeffboat Participants

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.

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

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
<u>Collective Trusts</u>				
*	Wells Fargo Bank, N.A.	Wells Fargo Short-term Investment Fund G	\$ 972,394	\$ 972,394
	Reliance Trust Company	Alpha Sector Premium Fund	<u>19,726,927</u>	<u>29,881,444</u>
			20,669,321	30,853,838
<u>Common Stock</u>				
	ACE Limited	Ace Limited	424,334	615,796
	Aon Plc	AON PLC	871,710	1,489,970
	Asos PLC	Asos PLC	259,527	444,675
	Arm Holdings Plc	ARM Holdings PLC - ADR	196,200	406,378
	ASML Holding N.V.	ASML Holding N.V.	394,051	577,848
	BRF S.A.	Brasil Foods	333,589	387,034
	Canadian National Railway Company	Canadian National RR Company	407,383	597,570
	Core Laboratories N.V.	Core Laboratories NV	273,228	478,330
	Canadian PAC RY Ltd	Canadian PAC RY Ltd	484,045	615,872
	Fanuc Corporation	Fanuc Corporation	396,728	458,347
	Jeronimo Martins, SGPS, S.A.	Jeronimo Martins, SGPS, S.A.	206,265	248,597
	Constellation Brands Inc	Constellation Brands Inc	528,232	865,674
	Covidien PLC	Covidien PLC	433,802	527,094
	Lazard LTD	Lazard LTD	335,235	563,056
	LVMH Moet Hennessy Louis Vuitton SA	LVMH Moet Hennessy Louis Vuitton SA	252,258	285,663
	Nestle S.A.	Nestle S.A.	1,123,065	1,453,918
	Novo Nordisk A/S	Novo Nordisk A/S	376,723	569,985
	Novozymes A/S	Novozymes A/S	345,449	486,201
	Indutria De Diseno Textil, S.A	Indutria De Diseno Textil, S.A	462,198	544,665
	SGS SA	SGS SA	395,868	535,890
	Dish Network Corp	Dish Network Corp	491,139	724,000
	Shoprite Holdings Limited	Shoprite Holdings Limited	357,776	276,854
	Svenska Cellulosa Aktiebolaget SCA	Svenska Cellulosa Aktiebolaget - ADR	351,411	514,924
	Sysmex Corporation	Sysmex Corporation	219,351	286,618
	Taiwan Semiconductor Manufacturing Company Limited	Taiwan Semiconductor Manufacturer	483,596	664,726
	Tencent Holdings Limited	Tencent Holdings Limited	315,673	590,087
	Wal-Mart De Mexico, S.A.B. de CV	Wal-Mart De Mexico, S.A.B. de CV	282,115	291,499
	Ecolab Inc	Ecolab Inc	641,288	1,202,754
	Praxair Inc.	Praxair Inc.	811,484	1,040,240
	3M Company	3M Company	242,043	434,775
	Sensata Technologies Holding N.V.	Sensata Technologies Holding N.V.	378,789	422,593
	Sun Art Retail Group Ltd.	Sun Art Retail Group Ltd.	506,230	435,559
	Twenty First Century Fox Inc	Twenty First Century Fox Inc	422,676	949,874

(Continued)

See Independent Auditor's Report

*Party-in-interest

AMERICAN COMMERCIAL LINES LLC PENSION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

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
	<u>Common Stock</u> (Continued)			
	Comcast Corporation	Comcast Corp-Special CL A	\$ 415,182	\$ 907,816
	Liberty Global, Inc.	Liberty Global Inc Com Ser C	582,318	1,209,096
	Mercadolibre Inc.	Mercadolibre Inc.	260,421	274,864
	Coca Cola Company	Coca Cola Co	911,336	1,111,239
	Coca Cola Enterprises	Coca Cola Enterprises	319,752	523,602
	Mondelez International Inc.	Mondelez International Inc.	622,997	924,860
	Pepsico Inc	Pepsico Inc	680,535	904,046
	Wal-Mart Stores Inc	Wal-Mart Stores Inc	807,362	1,117,398
	Perrigo Co PLC	Perrigo Co PLC	546,402	538,645
	Noble Energy Inc	Noble Energy Inc	956,547	1,416,688
	Berkley W R Corporation	Berkley W R Corp	494,233	620,477
	Berkshire Hathaway Inc	Berkshire Hathaway Inc	1,396,941	2,051,088
	Goldman Sachs Group Inc	Goldman Sachs Group Inc	447,694	773,917
	Loews Corporation	Loews Corp	757,947	940,680
	Morgan Stanley Company	Morgan Stanley Com	555,315	1,204,224
	Altera Corporation	Altera Corp	446,286	390,132
	Fidelity National Information Svcs Inc	Fidelity National Information Svcs Inc	294,822	638,792
	Google Inc	Google Inc CL A	737,287	1,412,095
	Microsoft Corporation	Microsoft Corp	913,123	1,313,091
	Oracle Corporation	Oracle Corporation	1,373,816	1,809,698
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	316,319	701,505
	Unitedhealth Group Inc	Unitedhealth Group Inc	575,061	933,720
			28,413,919	41,785,739
	<u>Mutual Funds</u>			
	Aberdeen Asset Management Inc.	Aberdeen Emerging Markets Institutional	12,557,108	13,334,396
	First Eagle Investment Management, LLC	First Eagle Global Fund Institutional	11,622,444	13,351,498
	Franklin Templeton Investment Management LTD.	Franklin Templeton Emerging Market Debt	13,421,154	12,888,839
	Pacific Investment Management Company LLC	Pimco Unconstrained Bond Fund	12,262,347	12,363,482
	Prudential Investments LLC	Prudential Jennison Natural Resources Fund	18,336,896	18,779,909
			68,199,949	70,718,124
	<u>Hedge Funds</u>			
	Balestra Global LTD.	Balestra Global Ltd.	11,786,225	11,921,773
	Kohinoor Core (Cayman) Fund	Kohinoor Core (Cayman) Fund	11,000,000	9,208,023
	Definitive Guardian LTD.	Definitive Guardian Fund LTD Series 13	21,167,670	19,818,655
	Definitive Guardian LTD.	Definitive Guardian Fund LTD Series 713	1,700,000	1,737,213
			45,653,895	33,477,641
			<u>\$ 162,937,084</u>	<u>\$ 186,043,365</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, 2013	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$979,955	1/1/2013	7	\$164,932

American Commercial Lines LLC Pension Plan

EIN/PN: 52-2106600 / 003

Schedule SB, line 24 – Change in Actuarial Assumptions

- Expected plan administrative expenses added to the Target Normal Cost were updated to \$777,060.
- The optional form assumptions were revised to directly reflect the optional forms election percentages.