Duplantier, Hrapmann, Hogan & Maher, L.L.P.
Certified Public Accountants
1615 Poydras Street, Suite 2100
New Orleans, Louisiana 70112

June 11, 2012

TAX PAYERS COPY

Board of Trustees, New Orleans Employers
International Longshoremen's Assoc
Vacation and Holiday Funds
New Orleans, LA 70130

Board of Trustees, New Orleans Employers International Longs

Enclosed is 2010 Form 5500 for NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO,, Plan Number 502.

This return has been prepared for electronic filing. Please sign, date, and retain an original of the return for the plan's records. We will submit your electronic return. Do NOT mail the paper copy of your return to EFAST2.

Please review the return for completeness and accuracy.

Also enclosed is the Summary Annual Report for the plan. The Employee Retirement Income Security Act of 1974 (ERISA) and Department of Labor regulations require the information enclosed herein to be given to each participant and beneficiary receiving benefits after the close of the plan year. This information should be delivered by hand or first class mail.

In order for us to complete the electronic filing of the 5500, you will need to contact our office to participate in an "electronic signing". Once you are ready to do this you should contact Guy Duplantier at (504) 586-8866 and let him know what time you would be available. He needs at least fifteen minutes to prepare for the signing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the return.

Very truly yours,

Bill

William G. Stamm, CPA

Form **5558** (Rev. June 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC

Number, street, and room or suite no. (If a P.O. box, see instructions)
VACATION AND HOLIDAY FUNDS

City or town, state, and ZIP code
NEW ORLEANS, LA 70130

B **Filer's identifying number (see instr)**
Employer identification number (EIN)
72-0501072

Social security number (SSN)

C	Plan name	Plan number	Plan year ending - MM	DD	YYYY
1	NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHORE	502	9	30	2011
2					
3					

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 I request an extension of time until 07/16/2012 to file Form 5500 series (see instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until ______________ to file Form 8955-SSA (see instructions).

Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

3 I request an extension of time until ______________ to file Form 5330.

You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ▶ a

b Enter the payment amount attached ▶ b

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶ c

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ William J. Stam CPA Date ▶ 4-23-12

Form **5558** (Rev. 6-2011)

DATE MAILED
APR 24 2012

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), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A This return/report is for: [X] a multiemployer plan; [ ] a single-employer plan; [ ] a multiple-employer plan; or [ ] a DFE (specify) ________

B This return/report is: [ ] the first return/report; [ ] an amended return/report; [ ] the final return/report; [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
NEW ORLEANS EMPLOYERS INTERNATIONAL
LONGSHOREMEN'S ASSOCIATION, AFL-CIO,
VACATION AND HOLIDAY FUND

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan
10/01/1956

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO

VACATION AND HOLIDAY FUNDS

NEW ORLEANS LA 70130
147 CARONDELET STREET

NEW ORLEANS LA 70130

2b Employer Identification Number (EIN)
72-0501072

2c Sponsor's telephone number
504-525-0309

2d Business code (see instructions)
488990

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	Thomas R. Daniel Signature of plan administrator	6-14-12 Date	THOMAS R. DANIEL Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	 Date	THOMAS R. DANIEL Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

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

3a Plan administrator's name and address (If same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN
	3c Administrator's telephone number

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:		**4b** EIN
a Sponsor's name		**4c** PN
5 Total number of participants at the beginning of the plan year	5	438
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	497
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines **6a, 6b,** and **6c**	6d	497
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines **6d** and **6e**	6f	
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:
4Q

9a Plan funding arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] 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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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 **2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL	**B** Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO	**D** Employer Identification Number (EIN) 72-0501072

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 on page 2, 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)

WATERFRONT EMPLOYERS OF N.O. 72-0456253
721 RICHARD ST, SUITE A
NEW ORLEANS LA 70130

(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?
15	ASSOCIATION OF EMPLOYERS	27,398.	Yes ☐ No ☒	Yes ☐ No ☒	0.	Yes ☐ No ☒

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan	B Three-digit plan number (PN) ▶ 502
NEW ORLEANS EMPLOYERS INTERNATIONAL	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO	72-0501072

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	3,731	3,091
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	68,776	
(2) Participant contributions	1b(2)		
(3) Other SEE STATEMENT 1	1b(3)	824,506	902,431
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	512,033	1,237,466
(2) U.S. Government securities	1c(2)	319,931	
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	1c(14)		
(15) Other SEE STATEMENT 2	1c(15)	3,766	3,798

			(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1,732,743	2,146,786
	Liabilities			
g	Benefit claims payable	1g	557,377	771,672
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities SEE STATEMENT 3	1j	384,486	496,278
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	941,863	1,267,950
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	790,880	878,836

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	109,810	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	1,304,996	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1,414,806
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6,090	
	(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)		6,090
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3,675,183	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3,675,183	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-54	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-54
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income SEE STATEMENT 4	2c		10,973
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1,431,815
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,265,961	
	(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)		1,265,961
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)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	2,963	
	(4) Other SEE STATEMENT 5	2i(4)	74,935	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		77,898
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1,343,859
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		87,956
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: DUPLANTIER, HRAPMANN, HOGAN & MAHER (2) EIN: 72-0567396

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Line	Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3,000,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X	

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)

SCHEDULE H OTHER RECEIVABLES STATEMENT 1

DESCRIPTION	BEGINNING	ENDING
OTHER RECEIVABLES	824,506.	902,431.
TOTAL TO SCHEDULE H, LINE 1B(3)	824,506.	902,431.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
OTHER GENERAL INVESTMENTS	3,766.	3,798.
TOTAL TO SCHEDULE H, LINE 1C(15)	3,766.	3,798.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
OTHER PAYABLES	384,486.	496,278.
TOTAL TO SCHEDULE H, LINE 1J	384,486.	496,278.

SCHEDULE H OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
OTHER INCOME	10,973.
TOTAL TO SCHEDULE H, LINE 2C	10,973.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
OTHER EXPENSES	74,935.
TOTAL TO SCHEDULE H, LINE 2I(4)	74,935.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL - CIO
VACATION AND HOLIDAY FUND
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Whitney Bank	FNMA	$ -	$ -	$ -	$ -	$ 69,981	$ 69,981	$ -
Whitney Bank	Fidelity Inst Cash - MMK CL III	70,000	-	-	-	70,000	-	-
Whitney Bank	US Treasury Bills	-	-	-	-	179,932	179,932	-
Whitney Bank	Fidelity Inst Cash - MMK CL III	180,000	-	-	-	180,000	-	-
Whitney Bank	Cash Receipt - Addition to Account	-	-	-	-		781,996	-
JP Morgan Chase	Cash Disbursement	-	-	-	-		356,477	-
JP Morgan Chase	Cash Disbursement	-	-	-	-		557,377	-
First NBC Bank	Cash Disbursement	-	-	-	-		837,395	-
Whitney Bank	Fidelity Inst Cash - MMK CL III	-	130,856	-	-	130,856	-	-
Whitney Bank	FHLMC	-	-	-	-	69,962	69,962	-
Whitney Bank	Fidelity Inst Cash - MMK CL III	70,000	-	-	-	70,000	-	-
Whitney Bank	Fidelity Inst Cash - MMK CL III	-	837,395	-	-	837,395	-	-
Deutsche Bank	US Treasury Bill	209,823	-	-	-	209,823	-	-
BNY	US Treasury Bill	209,980	-	-	-	209,980	-	-
Morgan Stanley	US Treasury Bill	209,923	-	-	-	209,923	-	-
First NBC Bank	US Treasury Bill	-	-	-	-	209,980	209,980	-

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL - CIO
VACATION AND HOLIDAY FUND
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
First NBC Bank	US Treasury Bill	-	-	-	-	209,980	209,980	-
Deutsche Bank	US Treasury Bill	209,968	-	-	-	209,968	-	-
First NBC Bank	US Treasury Bill	-	-	-	-	209,968	209,968	-
First NBC Bank	Net Cash Management	-	-	-	-	-	210,000	-
Citigroup Global	US Treasury Bill	124,992	-	-	-	124,992	-	-
Morgan Stanley	US Treasury Bill	89,998	-	-	-	89,998	-	-
First NBC Bank	US Treasury Bill	-	-	-	-	209,923	209,923	-
First NBC Bank	US Treasury Bill	-	-	-	-	89,998	89,998	-
First NBC Bank	Net Cash Management	-	-	-	-	-	90,020	-
First NBC Bank	US Treasury Bill	-	-	-	-	124,992	124,992	-
Credit Suisse	US Treasury Bill	309,990	-	-	-	309,990	-	-
First NBC Bank	Net Cash Management	-	-	-	-	-	184,968	-
Barclays Capital	310,000 Units US - Treasury Bill	-	309,991	-	-	309,990	-	1.00
First NBC Bank	Cash Disbursement	-	-	-	-	-	625,067	-
First NBC Bank	Net Cash Management	-	-	-	-	-	314,989	-

Product: **Def Comp** **Category:**

Name: NEW ORLEANS EMPLOYERS INTERNATIONAL **IRS Center:** DOL **e-Postmark:** 06/14/12 4:58:02 PM

FEIN: 72-0501072 **Plan Number:** 502 **Notification:**

Fiscal Year Begin Date: 10/1/2010 **Fiscal Year End Date:** 9/30/2011

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	06/14/12	Upload Started			
	06/14/12	Ready to Release by Customer			
	06/14/12	Released for Transmission - Validation in Progress			785325
	06/14/12	Ready to transmit - Validation Complete			
	06/14/12	Transmitted to FD	72050107212061416450 7		
	06/14/12	Accepted by FD on 6/14/2012			