

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 ▶ Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

<p>A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOC</p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions) VACATION AND HOLIDAY FUNDS</p> <p>City or town, state, and ZIP code NEW ORLEANS, LA 70130-4505</p>	<p>B Filer's identifying number (see instr)</p> <p>Employer identification number (EIN) (9 digits XX-XXXXXXX) 72-0501072</p> <hr/> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>											
<p>C Plan name</p> <p style="text-align: center;">NEW ORLEANS EMPLOYERS-INTERNATIONAL LONGSHORE</p>	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending -</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">502</td> <td style="text-align: center;">9</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2017</td> </tr> </tbody> </table>	Plan number	Plan year ending -			MM	DD	YYYY	502	9	30	2017
Plan number	Plan year ending -											
	MM	DD	YYYY									
502	9	30	2017									

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

1 Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 07/16/2018 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until _____ to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (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 2 and/or line 3 (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)

4 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.

<p>a Enter the Code section(s) imposing the tax _____ ▶ a </p> <p>b Enter the payment amount attached _____ ▶ b </p> <p>c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date _____ ▶ c </p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">a</td> <td style="width: 20px; text-align: center;">b</td> <td style="width: 20px; text-align: center;">c</td> </tr> </table>	a	b	c
a	b	c		

5 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 ▶ _____ **Date** ▶ _____

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2016****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 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 NEW ORLEANS EMPLOYERS-INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO, PENSION, WELFARE, VACATION AND HOLIDAY PLANS	1b Three-digit plan number (PN) ▶ 502
	1c Effective date of plan 10/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO VACATION AND HOLIDAY FUNDS VACATION AND HOLIDAY FUNDS NEW ORLEANS LA 70130-4505	2b Employer Identification Number (EIN) 72-0501072 2c Plan 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	Date	Enter name of individual signing as plan administrator
SIGN HERE			THOMAS R. DANIEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	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: a Sponsor's name	4b EIN
	4c PN

5 Total number of participants at the beginning of the plan year	5	0
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	
a (2) Total number of active participants at the end of the plan year	6a(2)	547
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	547
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	15

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No
If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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 <hr/> 2016 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning **10/01/2016** and ending **09/30/2017**

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 1, 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	NONE	25,586.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE H (Form 5500) <small>Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017	
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 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	10,586	15,658
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other SEE STATEMENT 1	1b(3)	1,157,642	977,404
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ...	1c(1)	1,639,907	1,521,867
(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)		
(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)	3,272	3,423

		(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	2,811,407 2,518,352
Liabilities			
g	Benefit claims payable	1g	980,136 893,183
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	677,794 617,664
	SEE STATEMENT 3		
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1,657,930 1,510,847
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1,153,477 1,007,505

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	1,402,121
	(2) Noncash contributions	2a(2)	
	(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1,402,121
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12,613
	(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)	12,613
	(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)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result ...	2b(4)(C)	
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate ...	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	1,414,734

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,494,143
(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)	1,494,143
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)	1,577
(4) Other SEE STATEMENT 4	2i(4)	64,986
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	66,563
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1,560,706

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-145,972
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: **DUPLANTIER, HRAPMANN, HOGAN AND MAH** **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	

	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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	<input type="checkbox"/>	<input type="checkbox"/>	

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year . (See instr.)

Part V Trust Information

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

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
DESCRIPTION		BEGINNING	ENDING
OTHER RECEIVABLES		1,157,642.	977,404.
TOTAL TO SCHEDULE H, LINE 1B(3)		1,157,642.	977,404.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT	2
DESCRIPTION		BEGINNING	ENDING
PREPAID INSURANCE AND OTHER		3,272.	3,423.
TOTAL TO SCHEDULE H, LINE 1C(15)		3,272.	3,423.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
DESCRIPTION		BEGINNING	ENDING
OTHER PAYABLES		677,794.	617,664.
TOTAL TO SCHEDULE H, LINE 1J		677,794.	617,664.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	4
DESCRIPTION			AMOUNT
OTHER EXPENSES			64,986.
TOTAL TO SCHEDULE H, LINE 2I(4)			64,986.

REPORT

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION,
AFL-CIO
VACATION AND HOLIDAY FUND

SEPTEMBER 30, 2017 AND 2016

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
SEPTEMBER 30, 2017 AND 2016

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Duplantier Hrapmann Hogan & Maher, LLP

William G. Stamm, CPA
Lindsay J. Calub, CPA, LLC
Guy L. Duplantier, CPA
Michelle H. Cunningham, CPA
Dennis W. Dillon, CPA
Grady C. Lloyd, III CPA

Heather M. Jovanovich, CPA
Terri L. Kitto, CPA

Michael J. O'Rourke, CPA
David A. Burgard, CPA
Clifford J. Giffin, Jr., CPA

A.J. Duplantier, Jr., CPA
(1919-1985)

Felix J. Hrapmann, Jr., CPA
(1919-1990)

William R. Hogan, Jr., CPA
(1920-1996)

James Maher, Jr., CPA
(1921-1999)

New Orleans

1615 Poydras Street,
Suite 2100
New Orleans, LA 70112
Phone: (504) 586-8866
Fax: (504) 525-5888

Northshore

1290 Seventh Street
Slidell, LA 70458
Phone: (985) 641-1272
Fax: (985) 781-6497

Houma

247 Corporate Drive
Houma, LA 70360
Phone: (985) 868-2630
Fax: (985) 872-3833

Napoleonville

5047 Highway 1
P.O. Box 830
Napoleonville, LA 70390
Phone: (985) 369-6003
Fax: (985) 369-9941

Board of Trustees
New Orleans Employers -
International Longshoremen's Association,
AFL-CIO Vacation and Holiday Fund
New Orleans, Louisiana

We have audited the accompanying financial statements of the New Orleans Employers - International Longshoremen's Association, AFL-CIO Vacation and Holiday Fund (the Fund), which comprise the statements of net assets available for benefits as of September 30, 2017 and 2016, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Fund's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the New Orleans Employers – International Longshoremen's Association, AFL-CIO Vacation and Holiday Fund as of September 30, 2017 and 2016, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of cash receipts and disbursements, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information. Such information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Duplantier, Hrapmann, Hogan & Maher, LLP

New Orleans, Louisiana

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO,
VACATION AND HOLIDAY FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ASSETS:		
Cash and cash equivalents	<u>\$ 1,537,525</u>	<u>\$ 1,650,493</u>
Receivables:		
Due from other funds	977,361	1,157,642
Accounts receivable - other	43	-
	<u>977,404</u>	<u>1,157,642</u>
Other assets:		
Prepaid insurance and other	<u>3,423</u>	<u>3,272</u>
Total assets	<u>2,518,352</u>	<u>2,811,407</u>
LIABILITIES:		
Accrued vacation and holiday pay, net of interim payments and withholding taxes	893,183	980,136
Accrued payroll taxes, taxes withheld and other deductions	614,888	674,748
Payroll taxes refundable to employers	<u>2,776</u>	<u>3,046</u>
Total liabilities	<u>1,510,847</u>	<u>1,657,930</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,007,505</u>	<u>\$ 1,153,477</u>

See accompanying notes.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO,
VACATION AND HOLIDAY FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
ADDITIONS:		
Transfer from Container Royalty Central Collection Fund	\$ 450,125	\$ 739,118
Transfer from NOE-ILA Royalty Escrow Account	951,996	1,121,996
	<u>1,402,121</u>	<u>1,861,114</u>
Due from other funds:		
Investment income:		
Interest	12,613	16,610
Less: Investment expenses	1,577	2,954
	<u>11,036</u>	<u>13,656</u>
Total additions	<u>1,413,157</u>	<u>1,874,770</u>
DEDUCTIONS:		
Benefits - vacation and holiday pay and related taxes	1,494,143	1,643,396
Administrative expenses	64,986	65,361
	<u>1,559,129</u>	<u>1,708,757</u>
Total deductions	<u>1,559,129</u>	<u>1,708,757</u>
Change in net assets	(145,972)	166,013
Net assets available for benefits:		
Beginning of year	<u>1,153,477</u>	<u>987,464</u>
END OF YEAR	<u>\$ 1,007,505</u>	<u>\$ 1,153,477</u>

See accompanying notes.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:

The financial statements of the Vacation and Holiday Fund (the Fund) have been prepared on the accrual basis of accounting. The financial operations of the Vacation and Holiday Fund are reflected in the financial statements of the Fund.

Contributions:

Generally, the Fund records contributions as reported by the employers. Employer contributions are based upon man-hours worked by International Longshoremen's Association bargaining unit labor and upon the rates established by collective bargaining agreements between the New Orleans Steamship Association, its successor; MidGulf Association of Stevedores, Inc.; other signatory employers; and the local unions. Contributions received are generally allocated between the eligible Funds (Pension, Welfare, and Vacation and Holiday) at the discretion of the Board of Trustees (the Board), pursuant to the collective bargaining agreement. There were no contributions allocated to the Fund during 2017 and 2016. In 2017 and 2016, \$5.00 per hour worked was allocated to the Management - ILA Health Care Trust Fund, in accordance with the Master Contract between the United States Maritime Alliance and the International Longshoremen's Association, AFL-CIO (ILA).

The October 1, 2009 Master Contract Memorandum of Settlement created a new Carrier - ILA Container Royalty Fund No. 5 (CR-5 Fund). The sole and exclusive purpose of the CR-5 Fund is to provide financial assistance to joint Management - ILA employee benefit plans (other than pension plans) in the local ports or districts. Applications for financial assistance are granted to local employee benefit plans that are in need due to shortfalls in funding provided the plans meet the criteria for assistance established by the CR-5 Fund Trustees. The Trustees of the New Orleans Employers - International Longshoremen's Association, AFL-CIO Vacation and Holiday Fund applied for and received financial assistance in the amount of \$450,125 in 2017 and \$739,118 in 2016, respectively, from the CR-5 Fund.

The CR-5 Fund distributes payments to local royalty funds, without the necessity of showing need, equivalent to what the local funds received from the Carriers Escrow Fund concerning the 40% excess royalty cap and subsidy payment for the year ended September 30, 2009. The CR-5 Fund distributed \$2,081,996 to the New Orleans Employers - ILA, AFL-CIO Royalty Escrow Account in October 2016 and again in October 2017 for the 2017/2016 and 2016/2015 Labor Contract Years which was equivalent to the 40% excess royalty cap and subsidy payment received from the Carriers Escrow Fund for the year ended September 30, 2009 as referenced above. The Royalty Principals allocated \$951,996 and \$1,121,996 of two annual installment payments of \$2,081,996 to the NOE - ILA Vacation and Holiday Fund for the years ended September 30, 2017 and 2016, respectively. The Royalty Principals allocated the remaining Royalty contributions to the NOE - ILA, AFL-CIO Welfare Fund.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Contributions: (Continued)

The October 1, 2012 Master Contract Memorandum of Settlement between the United States Maritime Alliance, Ltd. and the International Longshoremen's Association, AFL-CIO provides for a Container Royalty Central Collection Fund (CRCC Fund) to collect and distribute all container royalties payable pursuant to the Master Contract.

Vacation and Holiday Pay and Related Payroll Taxes:

The Fund provides vacation and holiday benefits to qualified employees who work in the industry under the collective bargaining agreements. These benefits are determined annually by the Board. Effective with the year ended September 30, 2011, the Fund no longer offered interim vacation payments. The liabilities for the amounts so determined, together with related payroll taxes, are accrued in the accompanying financial statements.

Expenses:

Expenses incurred in the administration of the Fund and other funds administered by the Board are paid through a single operating account. Expenses directly related to a specific fund are charged to such fund. Expenses not directly related to a specific fund are allocated to the funds based upon each employee's time attributable to each fund as approved by the Board of Trustees. It is believed that the current allocation of staff and administrative expenses achieve the desired result of a meaningful allocation of expenses. The indirect expense allocation was changed from 4% to 3% effective October 1, 2011. Indirect expenses for the years ended September 30, 2017 and 2016 were \$33,228 and \$31,337, respectively.

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 reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported contributions, income, and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents:

The Fund considers all highly-liquid instruments purchased with an original maturity of three months or less to be cash equivalents.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

2. DESCRIPTION OF THE FUND:

The Vacation and Holiday Fund (the Fund) was established under the terms of an Agreement and Declaration of Trust dated May 10, 1957, as amended, between the New Orleans Steamship Association and its successor, MidGulf Association of Stevedores, Inc., on behalf of their member companies; certain other employers; and various local unions of the ILA. The Fund is administered by the Board, which also administers a Pension Fund and a Welfare Fund also covered under the agreement identified above.

The Fund was restated July 19, 2011 to recognize the contributions from the Carrier – ILA Container Royalty Fund No. 5 (CR-5 Fund). This restatement changed the definition of contributions to include CR-5 contributions as well as to provide eligibility with regard to those funds.

The Fund is funded principally by employer contributions which are based upon man-hours worked and by transfers of funds from the New Orleans Employers – ILA Royalty Escrow Account and Container Royalty Fund No. 5. Benefits are paid annually based upon a benefit scale which is determined each year by the Board. Participants are entitled to receive only the benefits allocated to them by the Board and no employee has a vested interest in the Fund.

The Fund is to continue for a term co-extensive with the term of the collective bargaining agreements and the Agreement and Declaration of Trust, provided that provisions authorizing continuation of the Fund are contained therein. If the Fund is not extended, the Board shall continue to perform and carry out the provisions of the Fund on the basis that all employees who become thereafter eligible to receive benefits in accordance with the provisions of the Fund shall receive such benefits as if the Fund were extended until the total assets of the Fund are disbursed.

For the year ended September 30, 2017 and 2016, vacation benefits were \$.90 per hour worked. To be eligible for vacation benefits, an employee must have been employed in the Industry for a minimum of 500 hours during the Labor Contract Year. After reaching eligibility, vacation benefits are due to participants up to a maximum of 3,000 hours.

To be eligible for holiday benefits, an employee must have been employed in the industry for a minimum of 700 hours during the Labor Contract Year with a maximum of 2,500 hours used for computing the maximum benefit. For the years ended September 30, 2017 and 2016, holiday benefits were \$.63 and \$.73, respectively, per hour worked.

Hours worked at the casual or transitional contribution rate are not counted toward eligibility for vacation and holiday benefits. Union officials are eligible to receive vacation and holiday benefits, but hours worked as royalty compliance investigators do not qualify towards eligibility to receive those benefits.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

3. CASH AND CASH EQUIVALENTS:

Following are the components of the Fund's deposits and cash equivalents at September 30:

	<u>2017</u>	<u>2016</u>
Demand deposits (book balances)	\$ 15,658	\$ 10,586
Cash equivalents:		
Interest in securities held by an agent of the Fund in the name of the agent	-	1,639,907
Money market mutual fund	<u>1,521,867</u>	<u>-</u>
Total cash and cash equivalents	<u>\$ 1,537,525</u>	<u>\$ 1,650,493</u>

Cash:

The balances in interest-bearing and noninterest-bearing accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per insured bank through September 30, 2017. The cash balances were fully insured by the FDIC at September 30, 2017. The cash balances were fully insured by FDIC and pledged securities at September 30, 2016.

Cash Equivalents:

During the year ended September 30, 2017 the Fund entered into a Sweep Vehicle Authorization Agreement with Whitney Bank Trust (the Bank). The agreement allows the Bank to transfer excess cash balances to a money market mutual fund – Federated Government Obligations Fund (GOSXX). A sweep of the excess cash allows the Fund to earn interest on the funds while retaining the flexibility to quickly access that cash to purchase securities or withdraw it. Money market mutual funds are treated as securities and are registered with the Securities and Exchange Commission, pursuant to the Investment Company Act of 1940. Shares in a money market fund are not FDIC-insured, not guaranteed by the Federal Government, and are not deposits or obligations of any bank or guaranteed by the bank. Federated Government Obligations money market mutual fund is on the National Association of Insurance Commissioner's list as a U.S. Direct Obligations/Full Faith & Credit listing. This designation denotes that the funds meets certain quality and pricing guidelines, such as: a rating of AAAM by a Nationally Recognized Statistical Rating Organization (NRSRO), maintain a constant NAV \$1.00 at all times, allow a maximum 7 day redemption of proceeds, and invest 100% in US government securities. Money market funds are designed to maintain a \$1 share price at all times, but there can be no assurance that a money market fund will be able to maintain a stable net asset value of \$1 per share. Federated Government Obligations Fund is rated AAAM by Standard & Poor's after evaluating a number of factors, including credit quality, market price, exposure and management. Whitney

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

3. CASH AND CASH EQUIVALENTS: (Continued)

Cash Equivalents: (Continued)

Bank may receive a fee from the mutual fund, its advisor or distributor for providing various administrative and ministerial services up to .5% from the overall fund expense ratio of the fund.

During the year ended September 30, 2011, the Fund entered into a Repurchase Agreement with First NBC Bank. The agreement allows the Bank, on a daily basis, to automatically transfer and invest excess funds from a specified account maintained by the Fund with the Bank to a certain sale and repurchase transaction, having a one-day maturity, involving the Bank's interest in certain securities (the Securities) issued by the United States Government or agencies thereof. The Bank is a custodian of the Fund and at all times maintains possession of the underlying investments. Should the Bank refuse, decline or otherwise fail to repurchase those Securities, such default will give rise to an immediate cause of action in favor of the Fund against the Bank (i) for specific performance by the Bank of its agreement to repurchase the Securities or (ii) for such reasonable reliance damages as a court of competent jurisdiction may award.

4. INCOME TAX STATUS:

The Fund has adopted a standardized plan which has received a favorable determination from the Internal Revenue Service in January 1975. The Fund's sponsor believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Internal Revenue Service has ruled that the Fund qualifies as a voluntary employees' beneficiary association under Section 501(c)(9) of the Internal Revenue Code and is, therefore, exempt from tax under present federal income tax laws.

The Fund's Federal Annual Return/Report of Employee Benefit Plan Tax Returns (Form 5500) and Return of Organization Exempt From Income Tax (Form 990) for 2017, 2016, 2015, and 2014 are subject to examination by the IRS, generally for three years after they were filed.

5. OTHER FUNDS:

Amounts due from other funds as of September 30, 2017 and 2016 are as follows:

<u>Fund</u>	<u>2017</u>	<u>2016</u>
Due from:		
Director's Operating Account	\$ 25,365	\$ 35,646
NOE-ILA Royalty Escrow Account	<u>951,996</u>	<u>1,121,996</u>
	<u>\$ 977,361</u>	<u>\$ 1,157,642</u>

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2017 AND 2016

5. OTHER FUNDS: (Continued)

The Fund transferred \$49,312 and \$66,777 to the Director's Operating Account for reimbursement of expenses paid upon behalf of the Fund for the years ended September 30, 2017 and 2016, respectively.

The Director's Operating Account paid expenses in the amount of \$59,593 and \$60,538 upon behalf of the Vacation and Holiday Fund for the years ended September 30, 2017 and 2016, respectively.

The Fund received a transfer of contributions from the NOE-ILA Royalty Escrow Account in the amount of \$951,996 and \$1,121,996 for the years ended September 30, 2017 and 2016, respectively. The transfer of \$951,996 will be used to fund benefit payments for the year ended September 30, 2018 and the transfer of \$1,121,996 was used to fund benefit payments for the year ended September 30, 2017. The source of the royalty contributions referenced above is the Container Royalty Fund No. 5, which was established by the October 1, 2009 Master Contract between the US Maritime Alliance, LTD and the International Longshoremen, AFL-CIO to provide financial assistance to local vacation/holiday and welfare funds. The Fund also received a transfer of contributions as additional financial assistance directly from Container Royalty Fund No. 5 in the amount of \$450,125 and \$739,118 for the years ended September 30, 2017 and 2016, respectively.

6. SUBSEQUENT EVENTS:

Management has evaluated subsequent events through the date that the financial statements were available to be issued on April 16, 2018 and determined that no events occurred that required disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

NEW ORLEANS EMPLOYERS -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
VACATION AND HOLIDAY FUND
SUPPLEMENTARY INFORMATION
SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS
YEAR ENDED SEPTEMBER 30, 2017

RECEIPTS:

Interest, dividends, and other income received	\$ 12,613
Transfer from NOE-ILA Royalty Escrow Account	1,121,996
Transfer from Container Royalty Fund No. 5	450,125
	<u>1,584,734</u>

DISBURSEMENTS:

Vacation, holiday pay, and related taxes	1,641,226
Administrative and investment expenses	56,476
	<u>1,697,702</u>

Net change in cash and cash equivalents (112,968)

Cash and cash equivalents at beginning of year 1,650,493

CASH AND CASH EQUIVALENTS AT END OF YEAR \$ 1,537,525