

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 ACCOC Number, street, and room or suite no. (If a P.O. box, see instructions) HEALTH AND WELFARE FUND 147 Carondelet Ste. 300 City or town, state, and ZIP code NEW ORLEANS, LA 70130</p>	<p>B Filer's identifying number (see instr) Employer identification number (EIN) (9 digits XX-XXXXXXX) 72-0570875</p> <p>Social security number (SSN) (9 digits XXX-XX-XXXX)</p>											
<p>C Plan name NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHORE</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <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> <tr> <td style="text-align: center;">501</td> <td style="text-align: center;">9</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2012</td> </tr> </table>	Plan number	Plan year ending -			MM	DD	YYYY	501	9	30	2012
Plan number	Plan year ending -											
	MM	DD	YYYY									
501	9	30	2012									

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 07/15/2013 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.

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 | _____

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 ▶ William J. Stamm CPA

Date ▶ 2-15-13

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).

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

OMB Nos. 1210 - 0110
1210 - 0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

- 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 NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO WELFARE FUND	1b Three-digit plan number (PN) ▶ <u>501</u>
	1c Effective date of plan <u>10/01/1956</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO HEALTH AND WELFARE FUND NEW ORLEANS LA 70130 147 CARONDELET STREET, SUITE 300 NEW ORLEANS LA 70130	2b Employer Identification Number (EIN) <u>72-0570875</u>
	2c Sponsor's telephone number <u>504-525-0309</u>
	2d Business code (see instructions) <u>488990</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	<i>Thomas R. Daniel</i> Signature of plan administrator	<u>6/17/13</u> 04/30/2013 Date	THOMAS DANIEL Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	THOMAS 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.

Form 5500 (2011)
V.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	1,906
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	555
b Retired or separated participants receiving benefits	6b	1,316
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a, 6b, and 6c	6d	1,871
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	50
f Total. Add lines 6d and 6e	6f	1,921
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	19

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:
4B 4D 4E 4F 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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) **1** **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S	B Three-digit plan number (PN) ►	501
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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) 72-0570875
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Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DEARBORN NATIONAL LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	F013437	1872	10/01/2011	09/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
69,508	25,965

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AUGUSTINE A OLALERE
4761 ARCO LANE
N. CHARLESTON SC 29418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55,606	17,022		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CREATIVE WORKSITE SOLUTIONS LLC
3404 SALTERBECK ST STE #207
MT. PLEASANT SC 29466

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13,902	8,943		3

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schedule A (Form 5500) 2011 v.012611

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount	6d	

Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b		
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)		
	7c(4)		
	7c(5)		
(2) Dividends and credits			
(3) Interest credited during the year			
(4) Transferred from separate account			
(5) Other (specify below)			
▶			
(6) Total additions	7c(6)	0	
d Total of balance and additions (add b and c(6))	7d		
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	
▶			
(5) Total deductions	7e(5)	0	
f Balance at the end of the current year (subtract e(5) from d)	7f		

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|---|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input checked="" type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | i <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> Other (specify) ► ACCIDENTAL DEATH & DISMEMBERMENT | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges: (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	579,232
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, Item 2 above, report amount	10b	
Specify nature of costs ►		

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ►

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S	B Three-digit plan number (PN) ►	501
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) 72-0570875	

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)

THOMAS R DANIEL 72-0502386
 147 CARONDELET ST. STE 300
 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?
30	EMPLOYEE	42,098.	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)

WATERFRONT EMPLOYERS OF NEW ORLEANS 72-0456253
 721 RICHARD STREET STE B
 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?
49	NONE	25,900.	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)

THE SEGAL COMPANY 13-2619259
 10740 N. GESSNER DR STE 320
 HOUSTON TX 77064-1240

(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?
16	NONE	25,050.	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"/>

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)

DUPLANTIER, HRAPMANN, HOGAN & MAHER 72-0567396
 1615 POYDRAS ST. STE 2100
 NEW ORLEANS LA 70112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17,719.	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)

J.P. MORGAN CHASE BANK, N.A. 13-4994650
 ONE CHASE MANHATTAN PLAZA, FLOOR 20
 NEW YORK NY 10005

(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?
65	NONE	10,322.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBEIN, URANN, SPENCER, PICARD & CANGE 72-0999672
 2540 SEVERN AVE. STE 400
 METAIRIE LA 70002

(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?
29	NONE	5,719.	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"/>

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

A Name of plan	B Three-digit plan number (PN) ►	501
NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S		
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	72-0570875	

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 254,203	95,724
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other SEE STATEMENT 1	1b(3) 1,872,594	1,227,233
c General investments:		
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ...	1c(1) 608,404	1,148,241
(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) 20,731	17,892

		(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	2,755,932 2,489,090
Liabilities			
g	Benefit claims payable	1g	534,882 536,807
h	Operating payables	1h	2,153
i	Acquisition indebtedness	1i	
j	Other liabilities SEE STATEMENT 3	1j	119,307 91,273
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	656,342 628,080
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2,099,590 1,861,010

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) SEE STATEMENT 4	2a(1)(C)	788,935
	(2) Noncash contributions	2a(2)	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	788,935
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14,095
	(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)	14,095
	(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)	

	(a) Amount	(b) Total
2b (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)	
(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 5	2c	2,251
d Total income. Add all income amounts in column (b) and enter total	2d	805,281

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36,295
(2) To insurance carriers for the provision of benefits	2e(2)	579,232
(3) Other SEE STATEMENT 6	2e(3)	1,925
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	617,452
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)	48,488
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	11,528
(4) Other SEE STATEMENT 7	2i(4)	366,393
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	426,409
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1,043,861

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-238,580
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 & 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:

	Yes	No	Amount
4a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ...		X	
4b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4c 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	
4d 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	
4e Was this plan covered by a fidelity bond?	X		3,000,000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g 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	
4h 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	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4j 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	
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4n 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		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	1,872,594.	1,227,233.	
TOTAL TO SCHEDULE H, LINE 1B(3)	1,872,594.	1,227,233.	

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT	2
DESCRIPTION	BEGINNING	ENDING	
PREPAID INSURANCE & OTHERS	20,731.	17,892.	
TOTAL TO SCHEDULE H, LINE 1C(15)	20,731.	17,892.	

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
DESCRIPTION	BEGINNING	ENDING	
DUE TO OTHER FUNDS	119,307.	91,273.	
TOTAL TO SCHEDULE H, LINE 1J	119,307.	91,273.	

SCHEDULE H	OTHER CONTRIBUTIONS	STATEMENT	4
DESCRIPTION	AMOUNT		
TRANSFER FROM ROYALTY ESCROW ACCOUNT	788,935.		
TOTAL TO SCHEDULE H, LINE 2A(1)(C)	788,935.		

SCHEDULE H	OTHER INCOME	STATEMENT	5
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DESCRIPTION	AMOUNT
LITIGATION PROCEEDS	2,251.
TOTAL TO SCHEDULE H, LINE 2C	2,251.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT	6
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DESCRIPTION	AMOUNT
BENEFIT CLAIMS PAYABLE	1,925. 0.
TOTAL TO SCHEDULE H, LINE 2E(3)	1,925.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	7
------------	-------------------------------	-----------	---

DESCRIPTION	AMOUNT
SALARIES	169,918.
EMPLOYEE BENEFITS	56,366.
PAYROLL TAXES	16,200.
OFFICE SUPPLIES	2,192.
RENT EXPENSE	23,077.
EQUIPMENT MAINTENANCE	1,423.
TRAVEL & MEETINGS	9,459.
COMMUNICATIONS	4,665.
COMPUTER EXPENSE & DATA PROCESSING	46,881.
INSURANCE & BONDS	17,582.
MISCELLANEOUS EXPENSES	4,386.
PLAN PARTICIPANT COMMUNICATION	3,746.
POSTAGE & DELIVERY	3,053.
EMPLOYEE ALLOWANCES	3,813.
OFFICE FURNITURE & EQUIPMENT	3,632.
TOTAL TO SCHEDULE H, LINE 2I(4)	366,393.

REPORT
NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SEPTEMBER 30, 2012 AND 2011

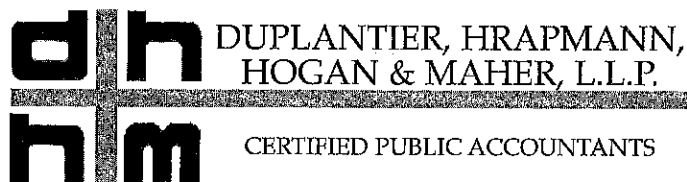
NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SEPTEMBER 30, 2012 AND 2011

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WILLIAM G. STAMM, C.P.A.
LINDSAY J. CALUB, C.P.A., L.L.C.
GUY L. DUPLANTIER, C.P.A.
MICHELLE H. CUNNINGHAM, C.P.A.
DENNIS W. DILLON, C.P.A.
GRADY C. LLOYD, III, C.P.A.

ANN H. HEBERT, C.P.A.
HEATHER M. JOVANOVICH, C.P.A.
TERRI L. KITTO, C.P.A.



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WILLIAM R. HOGAN, JR., C.P.A. (1920-1996)
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INDEPENDENT AUDITORS' REPORT

March 7, 2013

Board of Trustees
New Orleans Employers –
International Longshoremen's Association,
AFL-CIO, Welfare Fund Plan 501
New Orleans, Louisiana

We have audited the accompanying statements of net assets available for benefits of the New Orleans Employers – International Longshoremen's Association, AFL-CIO, Welfare Fund Plan 501 (Plan 501) as of September 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of Welfare Fund Plan 501's management. 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. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly in all material respects, Welfare Fund Plan 501's net assets available for benefits as of September 30, 2012 and 2011, and changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Duplantier, Hrapmann, Hogan & Maher LLP
New Orleans, Louisiana

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2012 AND 2011

<u>ASSETS</u>	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ <u>1,243,965</u>	\$ <u>862,607</u>
Receivables:		
Interest	-	
Due from other funds/accounts	950,000	1,260,000
Due from MILA - Part B premium	207,992	236,666
Due from Plan 502	<u>69,241</u>	<u>375,928</u>
Total receivables	<u>1,227,233</u>	<u>1,872,594</u>
Prepaid insurance and other	<u>17,892</u>	<u>20,731</u>
Total assets	<u>2,489,090</u>	<u>2,755,932</u>
 <u>LIABILITIES</u>		
Accounts payable	-	2,153
Due to other funds/accounts	<u>91,273</u>	<u>119,307</u>
Total liabilities	<u>91,273</u>	<u>121,460</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>2,397,817</u></u>	 \$ <u><u>2,634,472</u></u>

See accompanying notes.

NEW ORLEANS EMPLOYERS --
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS:		
Contributions:		
Employer contributions	\$ -	\$ 114,277
Transfer from Royalty Escrow Account	788,935	1,157,875
Total contributions/transfers	<u>788,935</u>	<u>1,272,152</u>
Investment income:		
Net appreciation in fair value of investments	-	153
Interest	14,095	3,495
Total investment income	<u>14,095</u>	<u>3,648</u>
Less: investment expenses	<u>11,528</u>	<u>14,168</u>
Net investment gain (loss)	<u>2,567</u>	<u>(10,520)</u>
Other income		
Litigation proceeds	<u>2,251</u>	<u>4</u>
Total other income	<u>2,251</u>	<u>4</u>
Total additions	<u>793,753</u>	<u>1,261,636</u>
DEDUCTIONS:		
Life insurance premiums paid	579,232	550,786
Cost of dental, vision and temporary disability income claims and related fees paid	<u>36,295</u>	<u>106,265</u>
Total premiums and claims expense	<u>615,527</u>	<u>657,051</u>
Administrative expenses	<u>414,881</u>	<u>455,246</u>
Total deductions	<u>1,030,408</u>	<u>1,112,297</u>
Change in Net Assets	(236,655)	149,339
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>2,634,472</u>	<u>2,485,133</u>
END OF YEAR	<u>\$ 2,397,817</u>	<u>\$ 2,634,472</u>

See accompanying notes.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2012 AND 2011

1. DESCRIPTION OF THE PLAN:

Welfare Fund Plan 501 (Plan 501) was established under the terms of an Agreement and Declaration of Trust dated May 10, 1957, as amended, between the New Orleans Steamship Association, its successor, MidGulf Association of Stevedores, Inc., and various local unions of the International Longshoremen's Association, AFL - CIO. The Plan is administered by the Board, which also administers a Pension Plan and a Vacation and Holiday Plan, which were also created under the agreement identified above.

Effective October 1, 2010, Welfare Fund Plan 501 was amended and Welfare Fund Plan 502 was created. Certain benefits previously provided under Plan 501 were then provided under Plan 502. Specifically, Plan 501 provides dental, temporary disability income, vision, life insurance and accidental death and dismemberment benefits to eligible active employees and their eligible dependents as well as life insurance to eligible retired employees. The section entitled "Cost of Welfare Benefits" under "Summary of Significant Accounting Policies" describes how those benefits and related administrative expenses are funded. Effective January 1, 2008, dental and vision benefits were eliminated for retired participants and their dependents which resulted in life insurance benefits being the only benefit provided to retirees under the Plan. Effective January 1, 2011, dental and vision benefits were eliminated all together and are now covered by MILA.

The eligibility requirement for collective bargaining unit registered employees upon whose behalf \$5.00 per hour is contributed to the MILA Plan is 1,300 hours or more for the Premier Plan, between 1,000 and 1,299 hours for the Basic Plan, and between 700 and 999 hours for the Core Plan for the years ended September 30, 2012 and 2011 respectively. The eligibility requirement for collective bargaining unit casual and transitional employees upon whose behalf \$3.125 per hour is contributed to the MILA Plan is 2,080 hours or more for the Premier Plan, between 1,600 and 2,079 hours for the Basic Plan, and between 1,120 and 1,599 hours for the Core Plan for the years ended September 30, 2012 and 2011 respectively. The eligibility requirement for collective bargaining unit employees upon whose behalf both the \$5.00 and \$3.125 hourly contribution rate is contributed to the MILA Plan is \$6,500 or more for the Premier Plan, between \$5,000 and \$6,499 for the Basic Plan, and between \$3,500 and \$4,999 for the Core Plan for the years ended September 30, 2012 and 2011 respectively. The medical, prescription and mental health benefits provided by Welfare Fund Plan 502 are funded by the MILA Health Care Trust Fund. The MILA Health Care Trust Fund was created in accordance with the 1996-2001 Master Contract between the Carriers Container Council and the International Longshoremen's Association, AFL - CIO. The temporary disability income, life, and accidental death and dismemberment benefits will continue to be provided under Plan 501.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2012 AND 2011

1. DESCRIPTION OF THE PLAN: (Continued)

No employee or retired employee has a vested interest in Plan 501.

Plan 501 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 Plan are contained therein. If Plan 501 is not extended, the Board shall continue to perform and carry out the provisions of Plan 501 on the basis that all employees who become thereafter eligible to receive benefits, in accordance with the provisions of Plan 501, shall receive such benefits as if Plan 501 were extended until the total assets of the Fund are disbursed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements of Welfare Fund Plan 501 have been prepared on the accrual basis.

Postretirement Benefit Obligations

The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributable under the provisions of Plan 501.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims data to estimate future annual incurred claims per participant and to adjust such estimates for the time value of money and the probability of payment between the valuation date and the expected date of payment, and to reflect the portion of those claims expected to be paid by the retired participants and other providers.

Contributions

Plan 501 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 among the New Orleans Steamship Association, its successor, MidGulf Association of Stevedores, Inc., other signatory employers, and the local unions. Contributions received are 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 agreements. In 2012 and 2011, \$5.00 per hour was allocated to the MILA Managed Health Care Trust Fund, in accordance with the Master Contract between the United States Maritime Alliance and the International Longshoremen's Association, AFL - CIO.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2012 AND 2011

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Contributions (Continued)

Contributions were allocated by the Board to the Pension Fund for the year ended September 31 2012 and to the Pension Fund, Welfare Fund, and Vacation and Holiday Fund for the year ended September 30, 2011. All Welfare Fund Plan 501 contributions for the year ended September 30, 2011 were funded by royalty contributions from the New Orleans Employers ILA, AFL-CIO Royalty Escrow Account with the exception that from October 1, 2010 to December 6, 2010, the Board allocated employer contributions of \$.82 per hour to Plan 501. Effective December 7, 2010, the Board reallocated all employer contributions to the Pension Fund with the exception of the MILA Plan \$5.00 hourly contribution rate for registered employees and \$3.125 hourly contribution rate for casual and transitional employees.

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 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 Royalty Escrow Account in October 2010, 2011 and 2012 for the 2009/2010, 2010/2011 and 2011/2012 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 \$900,000, \$1,210,000 and \$1,300,000 of the three annual installment payments of \$2,081,996 to the NOE – ILA Welfare Fund Plans 501 and 502 for the years ended September 30, 2012, 2011 and 2010, respectively. The \$900,000 received in 2012 was allocated between Plans 501 and 502 in the amounts of \$788,934 and \$111,065 respectively. The \$1,210,000 received in 2011, was allocated between Plans 501 and 502 in the amounts of \$1,157,875 and \$52,125 respectively. The \$1,300,000 received in 2010 was allocated to Plan 501.

Cost of Welfare Benefits

Life and Accidental Death and Dismemberment coverage is provided by Plan 501 to qualified active and retired participants through a group insurance contract entered into by Plan 501 and an insurance company. Dental, vision and short-term disability benefits are provided by Plan 501 to qualified active participants and dependents on a self-insured basis. Dental and vision benefits were eliminated effective January 1, 2011 at which time the MILA Plan began to provide those benefits to eligible active employees, retired employees and their dependents.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2012 AND 2011

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Cost of Welfare Benefits (Continued)

Except to the extent of the benefits provided through Plan 501 (see note 2), Plan 501 provides that no person shall have a vested interest in Plan 501. Employees who work a specified number of hours during Plan 501's fiscal year are eligible for welfare benefits during the following calendar year.

Administrative Expenses

Expenses incurred in the administration of Plan 501, and other funds administered by the Board are paid through an 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 various 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. Plan 501 has been allocated 37.8% and 38.6% of indirect expenses for the years ended September 30, 2012 and 2011, respectively. Indirect expenses totaled \$351,926 and \$384,810 for the years ended September 30, 2012 and 2011, respectively. Direct expenses totaled \$74,483 and \$84,604 for the years ended September 30, 2012 and 2011, 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.

3. PLAN BENEFIT OBLIGATIONS:

The plan benefit obligations at September 30, 2012 and 2011 are as follows:

	<u>2012</u>	<u>2011</u>
Amounts currently payable to participants:		
Estimated liability for claims and related fees	\$ 37,174	\$ 38,593
Claims incurred but not reported	<u>2,600</u>	<u>1,900</u>
	39,774	40,493
Other obligations for current benefit coverage:		
Estimated life insurance and pooled premiums payable	<u>497,033</u>	<u>494,389</u>
Total obligations other than post-retirement benefit obligations	<u>536,807</u>	<u>534,882</u>

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3. PLAN BENEFIT OBLIGATIONS: (Continued)

	<u>2012</u>	<u>2011</u>
Postretirement benefit obligations:		
Current retirees, beneficiaries, and dependents	\$ 5,859,566	\$ 5,557,498
Other participants fully eligible for benefits	253,529	166,818
Other participants not yet fully eligible for benefits	<u>609,628</u>	<u>462,983</u>
	<u>6,722,723</u>	<u>6,187,299</u>
Plan's total benefit obligations	<u>\$ 7,259,530</u>	<u>\$ 6,722,181</u>

Plan benefit obligations totaled \$7,259,530 and \$6,722,181 for years ended 2012 and 2011, respectively. The financial risk associated with this liability was covered through a group insurance contract with Dearborn National for the years ended September 30, 2012 and 2011. The Plan is not required to implement a funding policy to satisfy the projected obligation.

Changes in the plan benefit obligations during 2012 and 2011 and their effects on the plan benefit obligations follows:

	<u>2012</u>	<u>2011</u>
Amounts currently payable to participants:		
Balance at beginning of year	\$ 40,493	\$ 99,562
Claims reported and approved for payments	31,076	31,596
Claims paid	(36,295)	(106,265)
Experience adjustment	<u>4,500</u>	<u>15,600</u>
Balance at end of year	<u>39,774</u>	<u>40,493</u>
Other obligations for current benefit coverage:		
Balance at beginning of year	494,389	459,501
Net change during year		
Life insurance and pooled premiums	<u>2,644</u>	<u>34,888</u>
Balance at end of year	<u>497,033</u>	<u>494,389</u>
Total obligations other than postretirement benefit obligations	<u>536,807</u>	<u>534,882</u>
Postretirement benefit obligation:		
Balance at beginning of year	\$ 6,187,299	\$ 6,158,703
Benefits earned, net of benefits paid	(225,620)	(235,157)
Changes in actuarial assumptions	761,044	275,130
Actuarial experience gain	<u>-</u>	<u>(11,377)</u>
Balance at end of year	<u>6,722,723</u>	<u>6,187,299</u>
Plan's total benefit obligations at end of year	<u>\$ 7,259,530</u>	<u>\$ 6,722,181</u>

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3. PLAN BENEFIT OBLIGATIONS: (Continued)

Assumptions utilized to measure the postretirement benefit obligation at September 30, 2012 and 2011 were as follows:

Discount rate:	<u>2012</u> 3.25%	<u>2011</u> 4.50%
Postretirement Mortality Rates:		
Healthy	1990 U.S. Life Table, sex distinct	1990 U.S. Life Table, sex distinct
Disabled	Healthy rate set forward, 3 years	Healthy rate set forward, 3 years

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. Using trend rates 1% higher than the assumed health care cost trend rates would result in no increase of the Accumulated Postretirement Benefit Obligation.

4. CASH AND CASH EQUIVALENTS:

The following is a detail of Plan 501's deposits and cash equivalents as of September 30, 2012 and 2011:

	<u>2012</u>	<u>2011</u>
Demand deposits (book balances)	\$ <u>95,724</u>	\$ <u>254,204</u>
Cash equivalents:		
Federated government obligations fund	-	10,001
Interest in securities held by an agent of the Fund in the name of the agent	<u>1,148,241</u>	<u>598,403</u>
Total cash equivalents	<u>1,148,241</u>	<u>608,404</u>
Total cash and cash equivalents	<u>\$ 1,243,965</u>	<u>\$ 862,608</u>

Cash:

The balances in interest-bearing accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per insured bank through December 31, 2013. The funds in noninterest-bearing accounts will be fully insured through December 31, 2012. The cash balances were fully insured by the FDIC at September 30, 2012 and 2011.

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5. INCOME TAX STATUS:

Cash Equivalents:

During the year ended September 30, 2011, Plan 501 entered into a Repurchase Agreement with First NBC Bank (the 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 Plan 501 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.

The Internal Revenue Service has ruled that Plan 501 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 Plan's federal Annual Return/Report of Employee Benefit Plan Tax Return (Form 5500) and Return of Organization Exempt From Income Tax (Form 990) for 2011, 2010, and 2009 are subject to examination by the IRS, generally for three years after they were filed.

6. CONTINGENCY:

Plan 501 is involved in various claims and legal actions arising in the ordinary course of business. In the opinion of the Board, the ultimate disposition of these matters will not have a material adverse effect on Plan 501's financial position.

7. DUE TO/FROM OTHER FUNDS:

Amounts due from and to other funds at September 30, 2012 and 2011 were as follows:

<u>Fund</u>	<u>2012</u>	<u>2011</u>
Due from other funds:		
Director's Operating account	\$ 50,000	\$ 50,000
Royalty Escrow	<u>900,000</u>	<u>1,210,000</u>
	<u>\$ 950,000</u>	<u>\$ 1,260,000</u>
Due to other funds:		
Director's Operating account	<u>\$ 91,273</u>	<u>\$ 119,307</u>
	<u>\$ 91,273</u>	<u>\$ 119,307</u>

NEW ORLEANS EMPLOYERS –
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NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2012 AND 2011

9. DATE OF MANAGEMENT'S REVIEW:

Subsequent events have been evaluated through March 7, 2013, which is the date the financial statements were available to be issued.

Tom Daniel

From: CCH-ReturnNotification@wolterskluwer.com
Sent: Monday, June 17, 2013 2:28 PM
To: Tom Daniel
Subject: 2011 5500 Electronic Return Accepted by the Department of Labor

New Orleans Employers International,

You are receiving this e-mail on behalf of DUPLANTIER HRAPMANN
HOGAN MAHER LLP.

Your electronically filed Employee Benefit Plan for plan year 2011 has
been acknowledged as accepted for processing by the Depart of Labor on
06/17/2013.

Your return was sent to EFAST2.

Your EIN is 720570875 for Plan No. 501.

Please do not mail the paper copy of your return to the Department of
Labor. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified
when your return or extension is accepted by the taxing authority. We do
not monitor this e-mail address for incoming e-mail traffic. If you need
assistance or have a question, please contact the firm preparing this return
for you. Thank you.

Product: Employee Benefit Plan**Category:****Name:** New Orleans Employers International**IRS Center:** DOL**e-Postmark:** 06/17/13 2:08:04 PM**FEIN:** 72-0570875**Plan Number:** 501**Notification:** Email**Fiscal Year:** 10/1/2011**Fiscal Year:** 9/30/2012**Begin Date:****End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	06/17/13	Upload Started			
	06/17/13	Released for Transmission - Validation in Progress			System
	06/17/13	Ready to transmit - Validation Complete			
	06/17/13	Transmitted to PD	720570875130617140745		
	06/17/13	Accepted by FD on 6/17/2013			