

**Form 5500**Department 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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **10/01/2018** and ending **09/30/2019**

- 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>1a</b> Name of plan<br><b>NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO WELFARE FUND</b>                                                                                                                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶ <b>502</b>                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1c</b> Effective date of plan<br><b>10/01/2010</b>               |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO WELFARE FUND<br/>WELFARE FUND PLAN 502<br/>721 RICHARD ST.<br/>SUITE B<br/>NEW ORLEANS LA 70130-4505</b> | <b>2b</b> Employer Identification Number (EIN)<br><b>72-0570875</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2c</b> Plan Sponsor's telephone number<br><b>504-525-0309</b>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2d</b> Business code (see instructions)<br><b>488990</b>         |

**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.

|                  |                                           |                   |                                                              |
|------------------|-------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                           | <b>06/17/2020</b> | <b>THOMAS DANIEL</b>                                         |
|                  | <b>Signature of plan administrator</b>    | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                           | <b>06/17/2020</b> | <b>THOMAS DANIEL</b>                                         |
|                  | <b>Signature of employer/plan sponsor</b> | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                           |                   |                                                              |
|                  | <b>Signature of DFE</b>                   | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                          |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                                                                  |              |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          | <b>5</b>     | 88 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |              |    |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                         | <b>6a(1)</b> |    |
| <b>a (2)</b> Total number of active participants at the end of the plan year .....                                                                                                               | <b>6a(2)</b> |    |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              | <b>6b</b>    | 67 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                               | <b>6c</b>    |    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                      | <b>6d</b>    | 67 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                       | <b>6e</b>    | 6  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                          | <b>6f</b>    | 73 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  | <b>6g</b>    |    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                       | <b>6h</b>    |    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                             | <b>7</b>     | 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:

4A 4Q

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                   |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA).<br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                                  |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                   | <b>2018</b>                                        |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                   | <b>This Form is Open to<br/>Public Inspection.</b> |

|                                                                                                                             |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>10/01/2018</b> and ending <b>09/30/2019</b>                    |                                                                    |
| <b>A</b> Name of plan<br><b>NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHOREMEN'S</b>                                          | <b>B</b> Three-digit plan number (PN) ► <b>502</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO</b> | <b>D</b> Employer Identification Number (EIN)<br><b>72-0570875</b> |

**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

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

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

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

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

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

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

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

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

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

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

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

**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)

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 19188.                                                                 | 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)

**ZENITH AMERICAN SOLUTIONS** 52-1590516  
 2450 SEVERN AVE. STE 305  
 METAIRIE LA 70001

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 18958.                                                                 | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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"/>                                     |

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                              |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE H<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open<br/>to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning **10/01/2018** and ending **09/30/2019**

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

| <b>Assets</b>                                                                            | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|------------------------------------------------------------------------------------------|------------------------------|------------------------|
| <b>a</b> Total noninterest-bearing cash                                                  | <b>1a</b>                    |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                             |                              |                        |
| <b>(1)</b> Employer contributions                                                        | <b>1b(1)</b>                 |                        |
| <b>(2)</b> Participant contributions                                                     | <b>1b(2)</b>                 |                        |
| <b>(3)</b> Other <b>SEE STATEMENT 1</b>                                                  | <b>1b(3)</b>                 | 20175                  |
| <b>c</b> General investments:                                                            |                              |                        |
| <b>(1)</b> Interest-bearing cash (incl. money market accounts & certificates of deposit) | <b>1c(1)</b>                 |                        |
| <b>(2)</b> U.S. Government securities                                                    | <b>1c(2)</b>                 |                        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                  |                              |                        |
| <b>(A)</b> Preferred                                                                     | <b>1c(3)(A)</b>              |                        |
| <b>(B)</b> All other                                                                     | <b>1c(3)(B)</b>              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                            |                              |                        |
| <b>(A)</b> Preferred                                                                     | <b>1c(4)(A)</b>              |                        |
| <b>(B)</b> Common                                                                        | <b>1c(4)(B)</b>              |                        |
| <b>(5)</b> Partnership/joint venture interests                                           | <b>1c(5)</b>                 |                        |
| <b>(6)</b> Real estate (other than employer real property)                               | <b>1c(6)</b>                 |                        |
| <b>(7)</b> Loans (other than to participants)                                            | <b>1c(7)</b>                 |                        |
| <b>(8)</b> Participant loans                                                             | <b>1c(8)</b>                 |                        |
| <b>(9)</b> Value of interest in common/collective trusts                                 | <b>1c(9)</b>                 |                        |
| <b>(10)</b> Value of interest in pooled separate accounts                                | <b>1c(10)</b>                |                        |
| <b>(11)</b> Value of interest in master trust investment accounts                        | <b>1c(11)</b>                |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities                              | <b>1c(12)</b>                |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)    | <b>1c(13)</b>                |                        |
| <b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts) | <b>1c(14)</b>                |                        |
| <b>(15)</b> Other                                                                        | <b>1c(15)</b>                |                        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------|
| <b>1 d</b>         | Employer-related investments:                                    |                       |                 |
|                    | (1) Employer securities .....                                    | <b>1d(1)</b>          |                 |
|                    | (2) Employer real property .....                                 | <b>1d(2)</b>          |                 |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                 |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 23412 20175     |
| <b>Liabilities</b> |                                                                  |                       |                 |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 146900 107800   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                 |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                 |
| <b>j</b>           | Other liabilities <b>SEE STATEMENT 2</b> .....                   | <b>1j</b>             | 23412 20175     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 170312 127975   |
| <b>Net Assets</b>  |                                                                  |                       |                 |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | -146900 -107800 |

**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 |
|---------------|------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                      |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                |                 |           |
|               | (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                  | <b>2a(1)(A)</b> |           |
|               | <b>(B)</b> Participants .....                                                                        | <b>2a(1)(B)</b> | 43168     |
|               | <b>(C)</b> Others (including rollovers) <b>SEE STATEMENT 3</b> .....                                 | <b>2a(1)(C)</b> | 583189    |
|               | (2) Noncash contributions .....                                                                      | <b>2a(2)</b>    |           |
|               | (3) Total contributions. Add lines <b>2a(1)(A), (B), (C),</b> and line <b>2a(2)</b> .....            | <b>2a(3)</b>    | 626357    |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                      |                 |           |
|               | (1) Interest:                                                                                        |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |           |
|               | (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A), (B),</b> and <b>(C)</b> .....                     | <b>2b(2)(D)</b> |           |
|               | (3) Rents .....                                                                                      | <b>2b(3)</b>    |           |
|               | (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds ...                             | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ...              | <b>2b(4)(C)</b> |           |
|               | (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate ...                     | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                               | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....   | <b>2b(5)(C)</b> |           |



|                                                                                                    | (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<br>(e.g., mutual funds) ..... | 2b(10)     |           |
| <b>c</b> Other income .....                                                                        | 2c         |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....           | 2d         | 626357    |

**Expenses**

|                                                                                             |       |        |
|---------------------------------------------------------------------------------------------|-------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |       |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1) | 521073 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2) |        |
| (3) Other <b>SEE STATEMENT 4</b> .....                                                      | 2e(3) | -39100 |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4) | 481973 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f    |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g    |        |
| <b>h</b> Interest expense .....                                                             | 2h    |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                               | 2i(1) | 23045  |
| (2) Contract administrator fees .....                                                       | 2i(2) |        |
| (3) Investment advisory and management fees .....                                           | 2i(3) | 1690   |
| (4) Other <b>SEE STATEMENT 5</b> .....                                                      | 2i(4) | 80549  |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                        | 2i(5) | 105284 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    | 587257 |

**Net Income and Reconciliation**

|                                                                 |       |       |
|-----------------------------------------------------------------|-------|-------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 39100 |
| <b>l</b> 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |     | X  |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     | X  |        |

|                                                                                                                                                                                                                         | Yes                                 | No                                  | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>c</b> 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"/> |        |
| <b>d</b> 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"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> 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"/> |        |
| <b>g</b> 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"/> |        |
| <b>h</b> 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"/> |        |
| <b>i</b> 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"/> |        |
| <b>j</b> 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"/> |        |
| <b>k</b> 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"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> 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"/> |        |
| <b>n</b> 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"/> |        |

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

**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.)

| SCHEDULE H                      | OTHER RECEIVABLES | STATEMENT | 1 |
|---------------------------------|-------------------|-----------|---|
| DESCRIPTION                     | BEGINNING         | ENDING    |   |
| DUE FROM MILA                   | 23412.            | 20175.    |   |
| TOTAL TO SCHEDULE H, LINE 1B(3) | 23412.            | 20175.    |   |

| SCHEDULE H                   | OTHER PLAN LIABILITIES | STATEMENT | 2 |
|------------------------------|------------------------|-----------|---|
| DESCRIPTION                  | BEGINNING              | ENDING    |   |
| DUE TO PLAN 501              | 23412.                 | 20175.    |   |
| TOTAL TO SCHEDULE H, LINE 1J | 23412.                 | 20175.    |   |

| SCHEDULE H                           | OTHER CONTRIBUTIONS | STATEMENT | 3 |
|--------------------------------------|---------------------|-----------|---|
| DESCRIPTION                          |                     | AMOUNT    |   |
| TRANSFER FROM ROYALTY ESCROW ACCOUNT |                     | 105408.   |   |
| TRANSFER FROM MILA                   |                     | 477781.   |   |
| TOTAL TO SCHEDULE H, LINE 2A(1)(C)   |                     | 583189.   |   |

| SCHEDULE H                      | OTHER PAYMENTS TO PROVIDE BENEFITS | STATEMENT | 4 |
|---------------------------------|------------------------------------|-----------|---|
| DESCRIPTION                     |                                    | AMOUNT    |   |
| BENEFIT CLAIMS PAYABLE          |                                    | -39100.   |   |
| TOTAL TO SCHEDULE H, LINE 2E(3) |                                    | -39100.   |   |

| SCHEDULE H                      | OTHER ADMINISTRATIVE EXPENSES | STATEMENT | 5 |
|---------------------------------|-------------------------------|-----------|---|
| DESCRIPTION                     |                               | AMOUNT    |   |
| COMPUTER EXPENSE                |                               | 8013.     |   |
| COURIER                         |                               | 383.      |   |
| ELECTRONIC COMMUNICATIONS       |                               | 659.      |   |
| EMPLOYEE BENEFITS               |                               | 13766.    |   |
| EQUIPMENT MAINTENANCE           |                               | 299.      |   |
| INSURANCE & BONDS               |                               | 3367.     |   |
| MISCELLANEOUS EXPENSES          |                               | 1003.     |   |
| PARTICIPANT COMMUNICATION       |                               | 467.      |   |
| PAYROLL TAXES                   |                               | 3190.     |   |
| POSTAGE                         |                               | 1707.     |   |
| TRAVEL                          |                               | 2956.     |   |
| RENT                            |                               | 3647.     |   |
| SALARIES                        |                               | 41092.    |   |
| TOTAL TO SCHEDULE H, LINE 2I(4) |                               | 80549.    |   |

REPORT  
NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S  
ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
SEPTEMBER 30, 2019 AND 2018

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
SEPTEMBER 30, 2019 AND 2018

INDEX TO REPORT

|                                                                  | <u>PAGE</u> |
|------------------------------------------------------------------|-------------|
| INDEPENDENT AUDITOR'S REPORT .....                               | 1 - 2       |
| FINANCIAL STATEMENTS:                                            |             |
| Statements of Net Assets Available for Benefits .....            | 3           |
| Statements of Changes in Net Assets Available for Benefits ..... | 4           |
| Notes to Financial Statements .....                              | 5 - 10      |



# Duplantier Hrapmann Hogan & Maher, LLP

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)

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

Robynn P. Beck, CPA  
John P. Butler, CPA  
Jason C. Montegut, CPA  
Paul M. Novak, CPA, AVB, CVA  
Wesley D. Wade, CPA

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

#### 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

## INDEPENDENT AUDITORS' REPORT

April 29, 2020

Board of Trustees  
New Orleans Employers –  
International Longshoremen's Association,  
AFL-CIO Welfare Fund Plan 502  
New Orleans, Louisiana

We have audited the accompanying financial statements of the New Orleans Employers – International Longshoremen's Association, AFL-CIO Welfare Fund Plan 502 (Plan 502), which comprise the statements of net assets available for benefits as of September 30, 2019 and 2018, 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.

[www.dhhmcpa.com](http://www.dhhmcpa.com)

Members  
American Institute of  
Certified Public Accountants  
Society of LA CPAs

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 Plan 502'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 Plan'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 Welfare Fund Plan 502 as of September 30, 2019 and 2018, 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.



New Orleans, Louisiana



NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
SEPTEMBER 30, 2019 AND 2018

|                                   | <u>2019</u>   | <u>2018</u>   |
|-----------------------------------|---------------|---------------|
| <u>ASSETS</u>                     |               |               |
| Receivables:                      |               |               |
| Due from MILA                     | \$ 20,175     | \$ 23,412     |
| Total receivables                 | <u>20,175</u> | <u>23,412</u> |
| Total assets                      | <u>20,175</u> | <u>23,412</u> |
| <br><u>LIABILITIES</u>            |               |               |
| Due to Plan 501                   | <u>20,175</u> | <u>23,412</u> |
| Total liabilities                 | <u>20,175</u> | <u>23,412</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ -</u>   | <u>\$ -</u>   |

See accompanying notes.

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED SEPTEMBER 30, 2019 AND 2018

|                                                                             | <u>2019</u>        | <u>2018</u>        |
|-----------------------------------------------------------------------------|--------------------|--------------------|
| ADDITIONS:                                                                  |                    |                    |
| Contributions:                                                              |                    |                    |
| Transfer from Royalty Escrow Account                                        | \$ 105,408         | \$ 106,220         |
| Transfer from MILA                                                          | 477,781            | 744,595            |
| Retired employee contributions                                              | 43,168             | 51,385             |
| Total contributions/transfers                                               | <u>626,357</u>     | <u>902,200</u>     |
| <br>Total additions                                                         | <br><u>626,357</u> | <br><u>902,200</u> |
| <br>DEDUCTIONS:                                                             |                    |                    |
| Cost of medical, mental health, and prescription claims<br>and related fees | 521,073            | 795,235            |
| Administrative expenses                                                     | 105,284            | 106,965            |
| Total deductions                                                            | <u>626,357</u>     | <u>902,200</u>     |
| <br>Change in Net Assets                                                    | <br>-              | <br>-              |
| <br>NET ASSETS AVAILABLE FOR BENEFITS:                                      |                    |                    |
| Beginning of year                                                           | <u>-</u>           | <u>-</u>           |
| <br>END OF YEAR                                                             | <br><u>\$ -</u>    | <br><u>\$ -</u>    |

See accompanying notes.

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

1. DESCRIPTION OF THE PLAN:

The Welfare Fund 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 of Trustees, 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 502 (Plan 502) was created to provide certain benefits to non-Medicare eligible retired employees and dependents that were previously provided under the MILA National Health Trust Fund. Specifically, Plan 502 provides medical, mental health, and prescription benefits to eligible non-Medicare retired employees and their dependents. The section entitled "Cost of Welfare Benefits" under "Summary of Significant Accounting Policies" describes how those benefits and related administrative expenses are funded.

No retired employee has a vested interest in the fund.

Plan 502 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 the Plan is not extended, the Board shall continue to perform and carry out the provisions of the Plan on the basis that all employees who become thereafter eligible to receive benefits, in accordance with the provisions of the Plan, shall receive such benefits as if the Plan 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 the Welfare Fund Plan 502 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 502.

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.

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Contributions:

The fund records contributions as reported by the employers. Employer contributions are based upon man-hours worked by the 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 2019 and 2018, \$5.00 per hour was allocated to the Management - ILA (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.

Retired employees pay contributions to Plan 502 by assigning a portion of their monthly retirement pension benefit payments to the Fund and having those contributions withheld directly from their monthly pension benefit payments. The contribution rates for the years ended September 30, 2019 and 2018, were \$43 per month for single coverage and \$86 per month for coverage for two or more individuals.

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. Approvals of 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 New Orleans Employers – ILA, AFL-CIO Royalty Escrow Account in October 2019 and in October 2018 for the 2018/2019 and 2017/2018 Labor Contract Years, respectively, 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 \$1,167,000 and \$1,220,000 of the annual installment payments of \$2,081,996 to the NOE – ILA Welfare Fund Plans 501 and 502 for the years ended September 30, 2019 and 2018, respectively. The \$1,167,000 allocated in 2019 was allocated between Plans 501 and 502 in the amounts of \$1,061,592 and \$105,408, respectively. The \$1,220,000 allocated in 2018 was allocated between Plans 501 and 502 in the amounts of \$1,113,780 and \$106,220, respectively.

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Cost of Welfare Benefits:

Medical, mental health, and prescription benefit coverage is provided by Plan 502 to eligible non-Medicare retired employees and their dependents on a self-insured basis. Plan 502 receives monthly reimbursement payments from the MILA Managed Health Care Trust Fund for the cost of the medical/mental health claims and third party administrative fees. The MILA Plan administers the prescription benefit claims through its third party administrator and pays directly for those claims.

Effective October 1, 2010, Plan 502 commenced to reflect the cost of the medical/mental health claims and related administrative expenses as well as the monthly reimbursement payments from the MILA Plan on a separate Statement of Changes in Net Assets Available for Benefits. Prior to October 1, 2010, Plan 501 offset the monthly reimbursement payments received from the MILA Plan against the applicable medical/mental health and related administrative expense accounts such that those costs were not reflected on the Statement of Changes in Net Assets Available for Benefits. Also effective October 1, 2010, Plan 502 filed a separate Form 5500 to account for the cost of those benefit payments.

MILA’s Plan Document states that “MILA shall reimburse local port health plans for individuals who are eligible for limited health benefits in accordance with the rules of a local port health plan in effect on September 30, 1996.”

Except to the extent of the benefits provided through Plan 502, the Plan provides that no person shall have a vested interest in the Fund.

Administrative Expenses:

Expenses incurred in the administration of Plan 502, 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 502 has been allocated 7.8% of indirect expenses for the years ended September 30, 2019 and 2018. Indirect expenses totaled \$86,800 and \$84,096 for the years ended September 30, 2019 and 2018, respectively. Direct expenses totaled \$18,484 and \$22,869 for the years ended September 30, 2019 and 2018, respectively.

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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, 2019 and 2018, are as follows:

|                                                        | <u>2019</u>         | <u>2018</u>         |
|--------------------------------------------------------|---------------------|---------------------|
| Amounts currently payable to participants:             |                     |                     |
| · Claims incurred but not reported                     | \$ <u>107,800</u>   | \$ <u>146,900</u>   |
| Postretirement benefit obligations:                    |                     |                     |
| Current retirees, beneficiaries, and dependents        | 4,120,270           | 4,361,620           |
| Other participants fully eligible for benefits         | 1,407,418           | 1,166,101           |
| Other participants not yet fully eligible for benefits | <u>1,282,097</u>    | <u>748,391</u>      |
|                                                        | <u>6,809,785</u>    | <u>6,276,112</u>    |
| Plan's total benefit obligations                       | \$ <u>6,917,585</u> | \$ <u>6,423,012</u> |

Plan benefit obligations totaled \$6,917,585 and \$6,423,012 for years ended 2019 and 2018, respectively. The Plan is not required to implement a funding policy to satisfy the projected obligation.

Changes in the plan benefit obligations during 2019 and 2018 and their effects on the plan benefit obligations follows:

|                                            | <u>2019</u>      | <u>2018</u>      |
|--------------------------------------------|------------------|------------------|
| Amounts currently payable to participants: |                  |                  |
| Balance at beginning of year               | \$ 146,900       | \$ 122,000       |
| Claims reported and approved for payments  | 481,973          | 820,135          |
| Claims paid                                | <u>(521,073)</u> | <u>(795,235)</u> |
| Balance at end of year                     | <u>107,800</u>   | <u>146,900</u>   |

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

3. PLAN BENEFIT OBLIGATIONS: (Continued)

|                                                    | <u>2019</u>         | <u>2018</u>         |
|----------------------------------------------------|---------------------|---------------------|
| Postretirement benefit obligations:                |                     |                     |
| Balance at beginning of year                       | \$ 6,276,112        | \$ 6,978,922        |
| Benefits earned, net of benefits paid              | (254,414)           | (343,743)           |
| Changes in actuarial assumptions                   | 1,499,024           | (179,067)           |
| Actuarial experience gain                          | <u>(710,937)</u>    | <u>-</u>            |
| Balance at end of year                             | <u>6,809,785</u>    | <u>6,276,112</u>    |
| Plan's total benefit obligations<br>at end of year | <u>\$ 6,917,585</u> | <u>\$ 6,423,012</u> |

Valuation assumption changes increased obligations by \$1,499,024. This was the net result of an increase in obligations due to a raise in the valuation-year per capita health costs and the trend on such costs. The increase was also due to an increase in obligations due to lowering the discount rate from 4.00% to 2.90% and an update to the Mortality Improvement Scale.

Assumptions utilized to measure the postretirement benefit obligation at September 30, 2019 and 2018, were as follows:

|                  | <u>2019</u>                                                                                                                                  | <u>2018</u>                                                                                                                                  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation Date   | September 30, 2019                                                                                                                           | September 30, 2018                                                                                                                           |
| Discount rate:   | 2.90%                                                                                                                                        | 4.00%                                                                                                                                        |
| Retirement       |                                                                                                                                              |                                                                                                                                              |
| Mortality rates: |                                                                                                                                              |                                                                                                                                              |
| Healthy          | RP-2014 Blue Collar Mortality tables, set forward 3 years for males and 2 years for females, with 75% of the MP2018 Projection Scale applied | RP-2014 Blue Collar Mortality tables, set forward 3 years for males and 2 years for females, with 75% of the MP2017 Projection Scale applied |
| Disabled         | RP-2014 Disabled Retiree Mortality, set forward 3 years for males and 2 years for females, with 75% of the MP2018 Projection Scale applied   | RP-2014 Disabled Retiree Mortality, set forward 3 years for males and 2 years for females, with 75% of the MP2017 Projection Scale applied   |

NEW ORLEANS EMPLOYERS –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO  
WELFARE FUND PLAN 502  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2019 AND 2018

3. PLAN BENEFIT OBLIGATIONS: (Continued)

The weighted-average health care cost-trend rate assumption has a significant effect on the amount reported in the accompanying financial statements. Using trend rates 1% higher than the assumed health care cost trend rates would result in a \$664,387 increase of the accumulated postretirement benefit obligation.

4. INCOME TAX STATUS:

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.

Plan 502's federal Annual Return/Report of Employee Benefit Plan Tax Return (Form 5500) and Return of Organization Exempt From Income Tax (Form 990) for 2019, 2018, 2017, and 2016 are subject to examination by the IRS, generally for three years after they were filed.

5. CONTINGENCY:

Plan 502 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 the Fund's financial position.

6. SUBSEQUENT EVENTS:

The Plan evaluated its September 30, 2019 financial statements for subsequent events through April 29, 2020. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact contributions and investment income. Other financial impact could occur though such potential impact is unknown at this time.