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Certified Public Accountants
1615 Poydras Street, Suite 2100
New Orleans, Louisiana 70112

TAX PAYERS COPY

July 12, 2012

Board of Trustees, New Orleans Employers
International Longshoremen's Assoc
Health and Welfare Fund
New Orleans, LA 70130

Board of Trustees, New Orleans Employers International Longs

Enclosed is 2010 Form 5500 for New Orleans Employers
International Longshoremen's Association AFL-CIO Welfare,
Plan Number 501.

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


Please review the return for completeness and accuracy.

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

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

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

Very truly yours,



William G. Stamm, CPA

Application for Extension of Time To File Certain Employee Plan Returns

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

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</p> <p>Number, street, and room or suite no. (If a P.O. box, see instructions) HEALTH AND WELFARE FUND</p> <p>City or town, state, and ZIP code NEW ORLEANS, LA 70130</p>	<p>B Filer's identifying number (see instr) Employer identification number (EIN) 72-0570875</p> <hr/> <p>Social security number (SSN) _____</p>
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C Plan name	Plan number	Plan year ending -		
		MM	DD	YYYY
1 NEW ORLEANS EMPLOYERS INTERNATIONAL LONGSHORE	501	9	30	2011
2 _____				
3 _____				

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

1 I request an extension of time until 07/16/2012 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until _____ to file Form 8955-SSA (see instructions).
Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

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

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

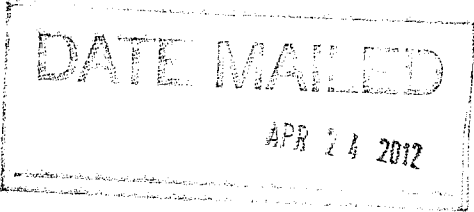
3 I request an extension of time until _____ to file Form 5330.
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax _____ ▶ a	
b Enter the payment amount attached _____ ▶ b	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date _____ ▶ c	

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

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

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



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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

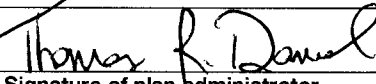
- A** This return/report is for: a multiemployer plan; a multiple-employer plan; or a single-employer plan; a DFE (specify) _____
- B** This return/report is: the first return/report; the final return/report; an amended return/report; a short plan year return/report (less than 12 months).
- C** If the 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) ▶ 501
	1c Effective date of plan 10/01/1956
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES, NEW ORLEANS EMPLOYERS INTERNATIO	2b Employer Identification Number (EIN) 72-0570875
HEALTH AND WELFARE FUND	2c Sponsor's telephone number 504-525-0309
NEW ORLEANS LA 70130 147 CARONDELET STREET, SUITE 300	2d Business code (see instructions) 488990
NEW ORLEANS LA 70130	

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		1-13-12	THOMAS DANIEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			THOMAS DANIEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
V.092307.1

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

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

5 Total number of participants at the beginning of the plan year	5	1,981
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	489
b Retired or separated participants receiving benefits	6b	1,370
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a, 6b, and 6c	6d	1,859
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	47
f Total. Add lines 6d and 6e	6f	1,906
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	21

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

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

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) **4 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 ServiceDepartment 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

2010**This Form is Open to
Public Inspection**For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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 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

RELIANCE STANDARD

(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
36-0883760	68381	GL 141646	504	01/01/2010	12/31/2010

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
41,205	0

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	
30,904			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	
10,301			3

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

Schedule A (Form 5500) 2010
v.092308.1

(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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		

(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** Health (other than dental or vision)
- e** Temporary disability (accident and sickness)
- i** Stop loss (large deductible)
- m** Other (specify) ▶
- b** Dental
- f** Long-term disability
- j** HMO contract
- c** Vision
- g** Supplemental unemployment
- k** PPO contract
- d** Life Insurance
- h** Prescription drug
- i** Indemnity contract

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	294,325
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 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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
RELIANCE STANDARD

(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
36-0883760	68381	GL 141649	1412	01/01/2010	12/31/2010

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
31,305	0

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	
23,479			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	
7,826			3

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

Schedule A (Form 5500) 2010
v.092308.1

(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)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below) **7c(5)**

►

(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 | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

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	223,507
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 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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 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
RELIANCE STANDARD

(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
36-0883760	68381	VAR 203810	462	01/01/2010	12/31/2010

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
993	0

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
AUGUSTIN 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	
745			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	
248			3

(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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	

(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)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> a Health (other than dental or vision) | <input type="checkbox"/> b Dental | <input type="checkbox"/> c Vision | <input type="checkbox"/> d Life Insurance |
| <input type="checkbox"/> e Temporary disability (accident and sickness) | <input type="checkbox"/> f Long-term disability | <input type="checkbox"/> g Supplemental unemployment | <input type="checkbox"/> h Prescription drug |
| <input type="checkbox"/> i Stop loss (large deductible) | <input type="checkbox"/> j HMO contract | <input type="checkbox"/> k PPO contract | <input type="checkbox"/> l Indemnity contract |
- 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	7,094
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 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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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 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
FORT DEARBORN LIFE INSURANCE COMPANY

(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	1870	10/01/2010	09/30/2011

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
50,464	0

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
AUGUSTIN 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	
40,371			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 29403

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10,093			3

(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)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	

▶

(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** 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		420,530	
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
		2010
		This Form is Open to Public Inspection.

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

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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

(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

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(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 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	48,062.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)						
ALICE C. BAPTISTE 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	30,235.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	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	25,815.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	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	24,300.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	19,412.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input 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 & CONGE 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	14,809.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	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

2010

**This Form is Open
to Public Inspection**

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

A Name of plan NEW ORLEANS EMPLOYERS INTERNATIONAL 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 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	46,096	254,203
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other SEE STATEMENT 1	1b(3)	1,783,812	1,872,594
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	1c(1)	705,599	608,404
(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)	18,819	20,731

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

Schedule H (Form 5500) 2010

v.092308.1

		(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	2,554,326 2,755,932
Liabilities			
g	Benefit claims payable	1g	534,882
h	Operating payables	1h	2,153
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	69,193 119,307
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	69,193 656,342
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2,485,133 2,099,590

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)	114,277
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers) SEE STATEMENT 4	2a(1)(C)	1,157,875
	(2) Noncash contributions	2a(2)	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	1,272,152
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3,495
	(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)	3,495
	(2) Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
	(3) Rents	2b(3)	
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3,189,263
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3,189,110
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	153

	(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	2c	4
d Total income. Add all income amounts in column (b) and enter total	2d	1,275,804

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	106,265
(2) To insurance carriers for the provision of benefits	2e(2)	550,786
(3) Other	2e(3)	534,882
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1,191,933
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)	54,947
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	14,168
(4) Other	2i(4)	400,299
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	469,414
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1,661,347

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-385,543
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:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) ...
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)
- d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
- n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

	Yes	No	Amount
4a		X	
4b		X	
4c		X	
4d		X	
4e	X		3,000,000
4f		X	
4g		X	
4h		X	
4i		X	
4j	X		
4k		X	
4l		X	
4m		X	
4n		X	

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
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DESCRIPTION	BEGINNING	ENDING
OTHER RECEIVABLES	1,783,812.	1,872,594.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,783,812.	1,872,594.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT	2
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DESCRIPTION	BEGINNING	ENDING
PREPAID INSURANCE & OTHERS	18,819.	20,731.
TOTAL TO SCHEDULE H, LINE 1C(15)	18,819.	20,731.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
------------	------------------------	-----------	---

DESCRIPTION	BEGINNING	ENDING
DUE TO OTHER FUNDS	69,193.	119,307.
TOTAL TO SCHEDULE H, LINE 1J	69,193.	119,307.

SCHEDULE H	OTHER CONTRIBUTIONS	STATEMENT	4
------------	---------------------	-----------	---

DESCRIPTION	AMOUNT
TRANSFER FROM ROYALTY ESCROW ACCOUNT	1,157,875.
TOTAL TO SCHEDULE H, LINE 2A(1)(C)	1,157,875.

SCHEDULE H	OTHER INCOME	STATEMENT	5
------------	--------------	-----------	---

DESCRIPTION	AMOUNT
LITIGATION PROCEEDS	4.
TOTAL TO SCHEDULE H, LINE 2C	4.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT	6
------------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
BENEFIT CLAIMS PAYABLE	534,882.
TOTAL TO SCHEDULE H, LINE 2E(3)	534,882.

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

DESCRIPTION	AMOUNT
SALARIES	185,086.
EMPLOYEE BENEFITS	63,131.
PAYROLL TAXES	16,291.
OFFICE SUPPLIES	3,823.
RENT EXPENSE	21,133.
EQUIPMENT MAINTENANCE	1,450.
TRAVEL & MEETINGS	9,887.
COMMUNICATIONS	4,007.
COMPUTER EXPENSE & DATA PROCESSING	51,566.
INSURANCE & BONDS	18,081.
MISCELLANEOUS EXPENSES	4,821.
PLAN PARTICIPANT COMMUNICATION	9,205.
POSTAGE & DELIVERY	4,971.
EMPLOYEE ALLOWANCES	4,219.
OFFICE FURNITURE & EQUIPMENT	2,628.
TOTAL TO SCHEDULE H, LINE 2I(4)	400,299.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Whitney Bank	Cash Receipt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 276,555	\$ -
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	233,112	-	-	-	233,112	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Cash Receipt	-	-	-	-	-	157,256	-
Whitney Bank	Fidelity Inst Cash MMK CL III	164,566	-	-	-	164,566	-	-
Whitney Bank	Cash Receipt	-	-	-	-	-	1,300,000	-
Whitney Bank	Cash Receipt	-	-	-	-	-	246,431	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	269,000	-
First NBC Bank	Cash Disbursement	-	-	-	-	-	1,545,678	-
Whitney Bank	Fidelity Inst Cash MMK CL III	1,547,602	-	-	-	1,547,602	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	264,165	-	-	264,165	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	1,545,678	-	-	1,545,678	-	-
BNY	Treasury Bills	384,964	-	-	-	384,964	-	-
Morgan Stanley	Treasury Bills	384,860	-	-	-	384,860	-	-

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2011

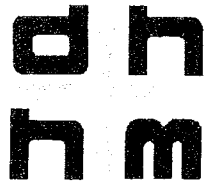
(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
First NBC Bank	Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,154,499	\$ -
Deutsche Bank	Treasury Bills	384,675	-	-	-	384,675	-	-
First NBC Bank	Treasury Bills	-	384,964	-	-	384,964	-	-
Deutsche Bank	Treasury Bills	414,937	-	-	-	414,937	-	-
Merrill Lynch	Treasury Bills	149,981	-	-	-	149,981	-	-
First NBC Bank	Treasury Bills	-	-	-	-	334,949	334,949	-
BNY	Treasury Bills	199,980	-	-	-	199,980	-	-
First NBC Bank	Treasury Bills	-	-	-	-	509,849	509,849	-
Citigroup Global	Treasury Bills	389,969	-	-	-	389,969	-	-
First NBC Bank	Treasury Bills	-	-	-	-	279,979	279,979	-
Credit Suisse	Treasury Bills	184,994	-	-	-	184,994	-	-
Merrill Lynch	Treasury Bills	214,896	-	-	-	214,896	-	-
HSBC Securities	Treasury Bills	-	219,999	-	-	219,983	-	16.00
First NBC Bank	Treasury Bills	-	-	-	-	169,987	169,987	-
First NBC Bank	Treasury Bills	-	-	-	-	384,675	384,675	-
First NBC Bank	Net Cash Management	-	-	-	-	-	356,721	-
Citigroup Global	Treasury Bills	384,814	-	-	-	384,814	-	-
Barclays Capital	Treasury Bills	-	229,989	-	-	229,987	-	2.00
Credit Suisse	Treasury Bills	-	309,921	-	-	309,870	-	51.00
Goldman Sachs and Co.	Treasury Bills	-	384,890	-	-	384,815	-	75.00
First NBC Bank	Disbursement	-	-	-	-	-	909,085	-
First NBC Bank	Net Cash Management	-	-	-	-	-	484,726	-

REPORT
NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SEPTEMBER 30, 2011 AND 2010

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SEPTEMBER 30, 2011 AND 2010

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DUPLANTIER, HRAPMANN,
HOGAN & MAHER, L.L.P.

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FELIX J. HRAPMANN, JR., C.P.A.
(1919-1990)
WILLIAM R. HOGAN, JR., C.P.A.
(1920-1996)
JAMES MAHER, JR., C.P.A.
(1921-1999)

INDEPENDENT AUDITORS' REPORT

July 9, 2012

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, 2011 and 2010, 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, 2011 and 2010, 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.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information included on page 13 is presented for the purpose of additional analysis and is not a required part of the basic financial statements. The Schedule of Reportable Transactions is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Duplantier, Heapman, 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, 2011 AND 2010

<u>ASSETS</u>	<u>2011</u>	<u>2010</u>
Cash and cash equivalents	\$ <u>862,607</u>	\$ <u>751,695</u>
Receivables:		
Interest	-	2
Due from other funds/accounts	1,260,000	1,350,000
Due from MILA - Part B premium	236,666	433,810
Due from Plan 502	<u>375,928</u>	<u>-</u>
Total receivables	<u>1,872,594</u>	<u>1,783,812</u>
Prepaid insurance and other	<u>20,731</u>	<u>18,819</u>
Total assets	<u>2,755,932</u>	<u>2,554,326</u>
 <u>LIABILITIES</u>		
Accounts payable	2,153	-
Due to other funds/accounts	<u>119,307</u>	<u>69,193</u>
Total liabilities	<u>121,460</u>	<u>69,193</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>2,634,472</u></u>	 \$ <u><u>2,485,133</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, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS:		
Contributions:		
Employer contributions	\$ 114,277	\$ -
Transfer from Royalty Escrow Account	1,157,875	1,300,000
Retired employee self-pay contributions	-	(4,460)
Total contributions/transfers	<u>1,272,152</u>	<u>1,295,540</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	153	(1,664)
Interest	3,495	5,437
Total investment income	<u>3,648</u>	<u>3,773</u>
Less: investment expenses	<u>14,168</u>	<u>15,206</u>
Net investment loss	<u>(10,520)</u>	<u>(11,433)</u>
Other income		
Litigation proceeds	<u>4</u>	<u>3,375</u>
Total other income	<u>4</u>	<u>3,375</u>
Total additions	<u>1,261,636</u>	<u>1,287,482</u>
DEDUCTIONS:		
Life insurance premiums paid	550,786	537,923
Cost of dental, vision and temporary disability income claims and related fees paid	<u>106,265</u>	<u>268,192</u>
Total premiums and claims expense	657,051	806,115
Administrative expenses	<u>455,246</u>	<u>703,013</u>
Total deductions	<u>1,112,297</u>	<u>1,509,128</u>
Change in Net Assets	149,339	(221,646)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>2,485,133</u>	<u>2,706,779</u>
END OF YEAR	<u>\$ 2,634,472</u>	<u>\$ 2,485,133</u>

See accompanying notes.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

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, 2011 and 2010 respectively. The medical, prescription and mental health benefits 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 dental, vision, temporary disability income, life, and accidental death and dismemberment benefits will continue to be provided under Plan 501. 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, 2011 and 2010 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, 2011 and 2010 respectively.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

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.

Investments

Investments, consisting of U.S. Government Treasury notes, U.S. Government Agency notes and bonds, and deposits in money market funds, are carried at quoted market value. The change in net unrealized depreciation in current value of such investments is included in the statements of changes in net assets. Gains and losses on investments that were both bought and sold during the year are included in net depreciation in current value of investments. The cost of investments sold is determined on a specific identification basis.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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 2011 and 2010, \$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.

Contributions were allocated by the Board to the Pension Fund, Welfare Fund, and Vacation and Holiday Fund for the years ended September 30, 2011 and 2010. All Welfare Fund Plan 501 contributions for the years ended September 30, 2011 and 2010 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 will be 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 will distribute 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 for the 2009/2010 Labor Contract Year 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 \$1,210,000 and \$1,300,000 to the NOE – ILA Welfare Fund Plans 501 and 502 for a total amount of \$2,081,996 per year from the Royalty Escrow Account for the years ended September 30, 2011 and 2010, respectively. The \$1,200,000 received in 2011 was allocated between Plans 501 and 502 in the amounts of \$1,157,875 and \$52,125, respectively. The total amount of \$1,300,000 received in 2010 was allocated to Plan 501.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

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.

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% of indirect expenses for the year ended September 30, 2011, 46% for the period from May 10, 2010 to September 30, 2010, and 57% for the period from October 1, 2009 to May 9, 2010. Indirect expenses totaled \$384,810 and \$602,302 for the years ended September 30, 2011 and 2010, respectively. Direct expenses totaled \$84,604 and \$115,917 for the years ended September 30, 2011 and 2010, 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.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

3. PLAN BENEFIT OBLIGATIONS:

The plan benefit obligations at September 30, 2011 and 2010 are as follows:

	<u>2011</u>	<u>2010</u>
Amounts currently payable to participants:		
Estimated liability for claims and related fees	\$ 38,593	\$ 82,062
Claims incurred but not reported	<u>1,900</u>	<u>17,500</u>
	40,493	99,562
Other obligations for current benefit coverage:		
Estimated life insurance and pooled premiums payable	<u>494,389</u>	<u>459,501</u>
Total obligations other than post-retirement benefit obligations	<u>534,882</u>	<u>559,063</u>
Postretirement benefit obligations:		
Current retirees, beneficiaries, and dependents	5,557,498	5,612,097
Other participants fully eligible for benefits	166,818	134,901
Other participants not yet fully eligible for benefits	<u>462,983</u>	<u>411,705</u>
	<u>6,187,299</u>	<u>6,158,703</u>
Plan's total benefit obligations	<u>\$ 6,722,181</u>	<u>\$ 6,717,766</u>

Plan benefit obligations totaled \$6,722,181 and \$6,717,766 for years ended 2011 and 2010, respectively. This liability was covered through a group insurance contract in the amount of \$6,187,299 and \$6,158,703 for the years ended September 30, 2011 and 2010, respectively.

Changes in the plan benefit obligations during 2011 and 2010 and their effects on the plan benefit obligations follows:

	<u>2011</u>	<u>2010</u>
Amounts currently payable to participants:		
Balance at beginning of year	\$ 99,562	\$ 376,284
Claims reported and approved for payments	31,596	(6,930)
Claims paid	(106,265)	(268,192)
Experience adjustment	<u>15,600</u>	<u>(1,600)</u>
Balance at end of year	<u>40,493</u>	<u>99,562</u>
Other obligations for current benefit coverage:		
Balance at beginning of year	459,501	451,437
Net change during year:		
Life insurance and pooled premiums	<u>34,888</u>	<u>8,064</u>
Balance at end of year	<u>494,389</u>	<u>459,501</u>
Total obligations other than postretirement benefit obligations	<u>534,882</u>	<u>559,063</u>

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

3. PLAN BENEFIT OBLIGATIONS: (Continued)

Postretirement benefit obligation:		
Balance at beginning of year	\$ 6,158,703	\$ 5,994,034
Benefits earned, net of benefits paid	(235,157)	(199,703)
Changes in actuarial assumptions	275,130	263,210
Actuarial experience loss and (gain)	<u>(11,377)</u>	<u>101,162</u>
Balance at end of year	<u>6,187,299</u>	<u>6,158,703</u>
Plan's total benefit obligations at end of year	<u>\$ 6,722,181</u>	<u>\$ 6,717,766</u>

Assumptions utilized to measure the postretirement benefit obligation at September 30, 2011 and 2010 were as follows:

	<u>2011</u>	<u>2010</u>
Discount rate:	4.50%	5.00%
Postretirement		
Mortality Rates:	<u>2011</u>	<u>2010</u>
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, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Demand deposits (book balances)	\$ <u>254,204</u>	\$ <u>46,096</u>
Cash equivalents:		
Money market fund	--	705,599
Federated government obligations fund	10,001	--
Interest in securities held by an agent of the Fund in the name of the agent	<u>598,403</u>	<u>--</u>
Total cash equivalents	<u>608,404</u>	<u>705,599</u>
Total cash and cash equivalents	<u>\$ 862,608</u>	<u>\$ 751,695</u>

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

4. CASH AND CASH EQUIVALENTS: (Continued)

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, 2011 and 2010.

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.

5. INCOME TAX STATUS:

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 2010, 2009, and 2008 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.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2011 AND 2010

7. DUE TO/FROM OTHER FUNDS:

Amounts due from and to other funds at September 30, 2011 and 2010 were as follows:

<u>Fund</u>	<u>2011</u>	<u>2010</u>
Due from other funds:		
Director's Operating account	\$ 50,000	\$ 50,000
Royalty Escrow	<u>1,210,000</u>	<u>1,300,000</u>
	<u>\$ 1,260,000</u>	<u>\$ 1,350,000</u>
Due to other funds:		
Director's Operating account	<u>\$ 119,307</u>	<u>\$ 69,193</u>
	<u>\$ 119,307</u>	<u>\$ 69,193</u>

8. RECLASSIFICATIONS:

Certain reclassifications have been made to the 2010 comparative information to conform to the 2011 presentation. Such reclassifications had no effect on the change in net assets.

9. DATE OF MANAGEMENT'S REVIEW:

Subsequent events have been evaluated through July 9, 2012, which is the date the financial statements were available to be issued.

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Whitney Bank	Cash Receipt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 276,555	\$ -
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	233,112	-	-	-	233,112	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Cash Receipt	-	-	-	-	-	157,256	-
Whitney Bank	Fidelity Inst Cash MMK CL III	164,566	-	-	-	164,566	-	-
Whitney Bank	Cash Receipt	-	-	-	-	-	1,300,000	-
Whitney Bank	Cash Receipt	-	-	-	-	-	246,431	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	200,000	-
JP Morgan Chase	Cash Disbursement	-	-	-	-	-	269,000	-
First NBC Bank	Cash Disbursement	-	-	-	-	-	1,545,678	-
Whitney Bank	Fidelity Inst Cash MMK CL III	1,547,602	-	-	-	1,547,602	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	200,000	-	-	200,000	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	264,165	-	-	264,165	-	-
Whitney Bank	Fidelity Inst Cash MMK CL III	-	1,545,678	-	-	1,545,678	-	-
BNY	Treasury Bills	384,964	-	-	-	384,964	-	-
Morgan Stanley	Treasury Bills	384,860	-	-	-	384,860	-	-

NEW ORLEANS EMPLOYERS –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION, AFL-CIO
WELFARE FUND PLAN 501
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
SEPTEMBER 30, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
First NBC Bank	Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,154,499	\$ -
Deutsche Bank	Treasury Bills	384,675	-	-	-	384,675	-	-
First NBC Bank	Treasury Bills	-	384,964	-	-	384,964	-	-
Deutsche Bank	Treasury Bills	414,937	-	-	-	414,937	-	-
Merrill Lynch	Treasury Bills	149,981	-	-	-	149,981	-	-
First NBC Bank	Treasury Bills	-	-	-	-	334,949	334,949	-
BNY	Treasury Bills	199,980	-	-	-	199,980	-	-
First NBC Bank	Treasury Bills	-	-	-	-	509,849	509,849	-
Citigroup Global	Treasury Bills	389,969	-	-	-	389,969	-	-
First NBC Bank	Treasury Bills	-	-	-	-	279,979	279,979	-
Credit Suisse	Treasury Bills	184,994	-	-	-	184,994	-	-
Merrill Lynch	Treasury Bills	214,896	-	-	-	214,896	-	-
HSBC Securities	Treasury Bills	-	219,999	-	-	219,983	-	16.00
First NBC Bank	Treasury Bills	-	-	-	-	169,987	169,987	-
First NBC Bank	Treasury Bills	-	-	-	-	384,675	384,675	-
First NBC Bank	Net Cash Management	-	-	-	-	-	356,721	-
Citigroup Global	Treasury Bills	384,814	-	-	-	384,814	-	-
Barclays Capital	Treasury Bills	-	229,989	-	-	229,987	-	2.00
Credit Suisse	Treasury Bills	-	309,921	-	-	309,870	-	51.00
Goldman Sachs and Co.	Treasury Bills	-	384,890	-	-	384,815	-	75.00
First NBC Bank	Disbursement	-	-	-	-	-	909,085	-
First NBC Bank	Net Cash Management	-	-	-	-	-	484,726	-

Product: Def Comp

Name: New Orleans Employers International

FEIN: 72-0570875

Fiscal Year: 10/1/2010

Begin Date:

Category:

IRS Center: DOL

Plan Number: 501

Fiscal Year: 9/30/2011

End Date:

e-Postmark: 07/13/12 11:46:00 AM

Notification:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	07/13/12	Upload Started			
	07/13/12	Released for Transmission - Validation in Progress			System
	07/13/12	Ready to transmit - Validation Complete			
	07/13/12	Transmitted to FD	720570875120713101356		
	07/13/12	Accepted by FD on 7/13/2012			
	07/13/12	Upload Started - Amended Return			
	07/13/12	Released for Transmission - Validation in Progress			System
	07/13/12	Ready to transmit - Validation Complete			
	07/13/12	Transmitted to FD	720570875120713114608		
	07/13/12	Accepted by FD on 7/13/2012			