

**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

► **File as an attachment to Form 5500.**

For calendar year 2006 or fiscal plan year beginning 06/01/2006 and ending 05/31/2007

**A** Name of plan  
LOCAL 804 WELFARE TRUST FUND

**B** Three-digit plan number ► 501

**C** Plan sponsor's name as shown on line 2a of Form 5500  
WELFARE TRUST FUND LOCAL 804 BOARD OF TRUSTEES

**D** Employer Identification Number  
11-1637886

**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.

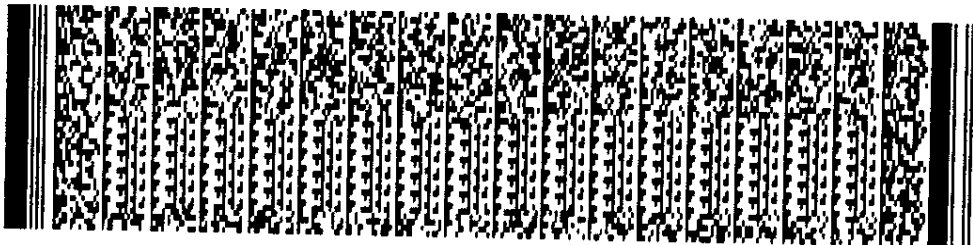
**Assets**

	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
(1) Employer contributions .....	3202243	3532691
(2) Participant contributions .....		
(3) Other .....	1783506	1640820
<b>c</b> General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	695332	380623
(2) U.S. Government securities .....	19843939	14040860
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred .....	3101948	3012355
(B) All other .....	0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred .....		
(B) Common .....		
(5) Partnership/joint venture interests .....		
(6) Real estate (other than employer real property) .....		
(7) Loans (other than to participants) .....		
(8) Participant loans .....		
(9) Value of interest in common/collective trusts .....		
(10) Value of interest in pooled separate accounts .....		
(11) Value of interest in master trust investment accounts .....		
(12) Value of interest in 103-12 investment entities .....		
(13) Value of interest in registered investment companies (e.g., mutual funds) .....		
(14) Value of funds held in insurance co. general account (unallocated contracts) .....		
(15) Other .....		

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

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Schedule H (Form 5500) 2006



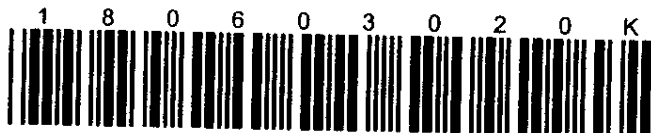
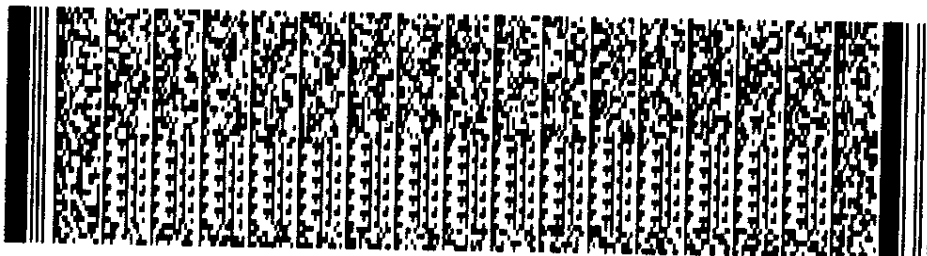
		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
	(1) Employer securities		
	(2) Employer real property		
<b>e</b>	Buildings and other property used in plan operation	459043	467263
<b>f</b>	Total assets (add all amounts in lines 1a through 1e)	29086011	23074612
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable		
<b>h</b>	Operating payables	9394321	7782284
<b>i</b>	Acquisition indebtedness	542561	703147
<b>j</b>	Other liabilities		
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j)	174782	172237
		10111664	8657668
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f)	18974347	14416944

**Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
	(1) Received or receivable in cash from:		
	(A) Employers	41585495	
	(B) Participants	2044235	
	(C) Others (including rollovers)		
	(2) Noncash contributions		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)		43629730
<b>b</b>	<b>Earnings on investments:</b>		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	41166	
	(B) U.S. Government securities	860803	
	(C) Corporate debt instruments	181707	
	(D) Loans (other than to participants)		
	(E) Participant loans		
	(F) Other		
	(G) Total interest. Add lines 2b(1)(A) through (F)		1083676
	(2) Dividends:		
	(A) Preferred stock		
	(B) Common stock		
	(C) Total dividends. Add lines 2b(2)(A) and (B)		0
	(3) Rents		
	(4) Net gain (loss) on sale of assets:		
	(A) Aggregate proceeds	11344871	
	(B) Aggregate carrying amount (see instructions)	11157121	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		187750

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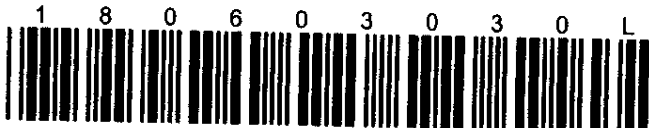
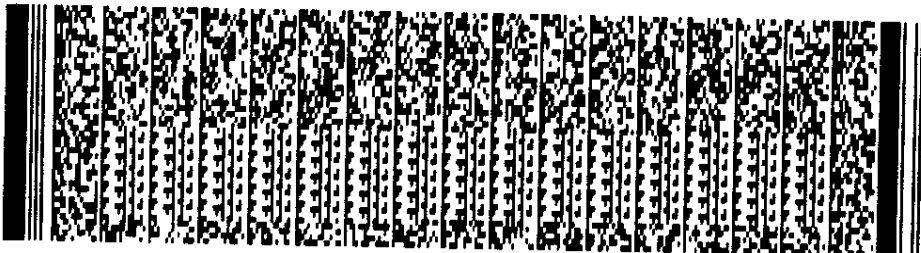


	(a) Amount	(b) Total
<b>2b (5) Unrealized appreciation (depreciation) of assets:</b>		
<b>(A) Real estate</b> .....	<b>b(5)(A)</b>	
<b>(B) Other</b> .....	<b>b(5)(B)</b>	146775
<b>(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)</b> .....	<b>b(5)(C)</b>	146775
<b>(6) Net investment gain (loss) from common/collective trusts</b> .....	<b>b(6)</b>	
<b>(7) Net investment gain (loss) from pooled separate accounts</b> .....	<b>b(7)</b>	
<b>(8) Net investment gain (loss) from master trust investment accounts</b> .....	<b>b(8)</b>	
<b>(9) Net investment gain (loss) from 103-12 investment entities</b> .....	<b>b(9)</b>	
<b>(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)</b> .....	<b>b(10)</b>	
<b>c Other income</b> .....	<b>c</b>	31558
<b>d Total income. Add all income amounts in column (b) and enter total</b> .....	<b>d</b>	45079489
<b>Expenses</b>		
<b>e Benefit payment and payments to provide benefits:</b>		
<b>(1) Directly to participants or beneficiaries, including direct rollovers</b> .....	<b>e(1)</b>	44987223
<b>(2) To insurance carriers for the provision of benefits</b> .....	<b>e(2)</b>	700037
<b>(3) Other</b> .....	<b>e(3)</b>	85021
<b>(4) Total benefit payments. Add lines 2e(1) through (3)</b> .....	<b>e(4)</b>	45772281
<b>f Corrective distributions (see instructions)</b> .....	<b>f</b>	
<b>g Certain deemed distributions of participant loans (see instructions)</b> .....	<b>g</b>	
<b>h Interest expense</b> .....	<b>h</b>	
<b>i Administrative expenses:</b>		
<b>(1) Professional fees</b> .....	<b>i(1)</b>	226630
<b>(2) Contract administrator fees</b> .....	<b>i(2)</b>	1018818
<b>(3) Investment advisory and management fees</b> .....	<b>i(3)</b>	99950
<b>(4) Other</b> .....	<b>i(4)</b>	2519213
<b>(5) Total administrative expenses. Add lines 2i(1) through (4)</b> .....	<b>i(5)</b>	3864611
<b>j Total expenses. Add all expense amounts in column (b) and enter total</b> .....	<b>j</b>	49636892
<b>Net Income and Reconciliation</b>		
<b>k Net income (loss) (subtract line 2j from line 2d)</b> .....	<b>k</b>	-4557403
<b>l Transfers of assets</b>		
<b>(1) To this plan</b> .....	<b>l(1)</b>	
<b>(2) From this plan</b> .....	<b>l(2)</b>	

**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) ▶** 13-1578842  
 BUCHBINDER TUNICK & COMPANY LLP
- 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.

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**Part IV Transactions During Plan Year**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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 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 on line 4d.)
- 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?

	Yes	No	Amount
<b>a</b>		X	
<b>b</b>		X	
<b>c</b>		X	
<b>d</b>		X	
<b>e</b>	X		500000
<b>f</b>		X	
<b>g</b>		X	
<b>h</b>		X	
<b>i</b>	X		
<b>j</b>	X		
<b>k</b>		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)

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