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[Back to Company Detail page](#) | [New Search](#)
[Form 5500](#) | [Schedule B](#) | [Schedule C](#) | [Schedule D](#) | [Schedule H](#) | [Schedule R](#) | [Other Documents](#) | [SHOW ALL](#)

Form 5500
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration
 Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).
 Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only
 OMB Nos. 1210 - 0110
 1210 - 0089

2006
 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

- A** This return/report is for:
- (1) a multiemployer plan; (3) a multiple-employer plan;
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify)
- B** This return/report is:
- (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) the amended return/report; (4) a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If you filed for an extension of time to file, check the box and attach a copy of the extension application

Part II Basic Plan Information -- enter all requested information.

1a Name of plan LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN	1b Three-digit plan number (PN)	001
	1c Effective date of plan (mo., day, yr.)	April 01, 1953
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN 55 GLENLAKE PKWY NE ATLANTA, GA 30328-3474	2b Employer Identification Number (EIN)	51-6117726
	2c Sponsor's telephone number	404-828-6047
	2d Business code (see instructions)	484200

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, and to the best of my knowledge and belief, it is true, correct, and complete.

	10/06/2007	
Signature of plan administrator	Date	Typed or printed name of individual signing as plan administrator
	10/05/2007	
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

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

<p>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 below:</p> <p>a Sponsor's name</p>	<p>b EIN</p> <hr/> <p>c PN</p> <hr/>																				
<p>5 Preparer information (optional) a Name (including firm name, if applicable) and address</p> <p>BUCHBINDER TUNICK & COMPANY LLP MICHAEL A. KOWLER 6116 EXECUTIVE BLVD., SUITE 201 ROCKVILLE, MD 20852-4920</p>	<p>b EIN</p> <p>13-1578842</p> <p>c Telephone no.</p> <p>301-770-9110</p>																				
<p>6 Total number of participants at the beginning of the plan year</p>	<p>6</p> <p>9,007</p>																				
<p>7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)</p> <p>a Active participants</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 7a, 7b, and 7c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 7d and 7e</p> <p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</p> <p>i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)</p>	<p>a</p> <p>5,010</p> <p>b</p> <p>2,594</p> <p>c</p> <p>1,476</p> <p>d</p> <p>9,080</p> <p>e</p> <p>233</p> <p>f</p> <p>9,313</p> <p>g</p> <p>h</p> <p>63</p> <p>i</p> <p>114</p>																				
<p>8 Benefits provided under the plan (complete 8a through 8c, as applicable)</p> <p>a <input checked="" type="checkbox"/> Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)):</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width:10%;">1B</td> <td style="width:10%;">1G</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table> <p>b <input type="checkbox"/> Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)):</p> <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>		1B	1G																		
1B	1G																				
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Section 412(i) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Section 412(i) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>																				
<p>10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>a Pension Benefit Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> T (Qualified Pension Plan Coverage Information)</p> <p style="font-size: small;">If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year</p> <p>(3) <input checked="" type="checkbox"/> B (Actuarial Information)</p> <p>(4) <input type="checkbox"/> E (ESOP Annual Information)</p> <p>(5) <input checked="" type="checkbox"/> SSA (Separated Vested participant Information)</p> </td> <td style="width:50%; vertical-align: top;"> <p>b Financial Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information -- Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> </td> </tr> </table>		<p>a Pension Benefit Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> T (Qualified Pension Plan Coverage Information)</p> <p style="font-size: small;">If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year</p> <p>(3) <input checked="" type="checkbox"/> B (Actuarial Information)</p> <p>(4) <input type="checkbox"/> E (ESOP Annual Information)</p> <p>(5) <input checked="" type="checkbox"/> SSA (Separated Vested participant Information)</p>	<p>b Financial Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information -- Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>																		
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<p>SCHEDULE B (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Pension and Welfare Benefits Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Actuarial Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.</p> <p>Attach to Form 5500 or 5500-EZ if applicable.</p> <p>See separate instructions.</p>	<p style="font-size: x-small;">Official Use Only OMB No. 1210 - 0110</p> <hr/> <p>2006</p> <hr/> <p>This Form is Open to Public Inspection (except when attached to Form 5500-EZ)</p>
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For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

If an item does not apply, enter "N/A." Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<p>A Name of plan</p> <p>LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN</p>	<p>B Three digit plan number</p>	<p>001</p>
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN	D Employer Identification Number 51-6117726
E Type of Plan: (1) <input checked="" type="checkbox"/> Multiemployer (2) <input type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer	F <input type="checkbox"/> 100 or fewer participants in prior plan year

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: January 01, 2006

b Assets

(1) Current value of assets	b(1)	\$644,257,740
(2) Actuarial value of assets for funding standard account	b(2)	\$658,411,672

c (1) Accrued liability for plans using immediate gain methods

(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):
 To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements and at tachment, if any, is complete and accurate, and in my opinion each assumption used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reaso nable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasona ble; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectati ons).

Signature of actuary	Date
RICHARD J. HUDSON	G 0505610
Print or type name of actuary	Most recent enrollment number
AON CONSULTING, INC.	212-441-2000
Firm Name	Telephone number (including area code)
199 WATER STREET, 12TH FLOOR NEW YORK, NY 10038-	
Address of the Firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in c completing this schedule, check the box and see instructions

1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	d(1)	
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	\$1,392,273,472
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	\$35,950,368
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) "OBRA '87" information:		
(a) Current liability	d(3)(a)	
(b) Expected increase in current liability due to benefits accruing during the plan year	d(3)(b)	
(c) Expected release from "OBRA '87" current liability for the plan year	d(3)(c)	
(4) Expected plan disbursements for the plan year	d(4)	\$69,402,184

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	\$644,257,740
b "RPA '94" current liability:		
(1) For retired participants and beneficiaries receiving payments	(1) No. of Persons	(2) Vested Benefits
(2) For terminated vested participants	2,789	\$660,571,976
(3) For active participants	1,893	\$113,416,741
(4) Total	4,289	\$596,093,301
	8,971	\$1,370,082,018
(3) For active participants	4,289	\$596,093,301
(4) Total	8,971	\$1,370,082,018
(4) Total	8,971	\$1,370,082,018
(4) Total	8,971	\$1,370,082,018

c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage

	2c	46.27%
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3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Mo.-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
01/15/2006	\$5,484,806		09/15/2006	\$5,365,893	

02/15/2006	\$4,072,333		10/15/2006	\$4,561,781	
03/15/2006	\$4,092,015		11/15/2006	\$4,547,409	
04/15/2006	\$5,142,572		12/15/2006	\$5,630,034	
05/15/2006	\$4,133,608		12/31/2006	\$4,597,519	
06/15/2006	\$4,128,236				
07/15/2006	\$5,372,877				
08/15/2006	\$4,268,338		3 Totals (b)	\$61,397,421	(c)

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) **4a** %

b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

5 Actuarial cost method used as the basis for this plan year's funding standard account computation:

- a** Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit)
d Aggregate **e** Frozen initial liability **f** Individual level premium
g Individual aggregate **h** Other (specify)
i Has a change been made in funding method for this plan year? Yes No
j If line i is "Yes," was the change made pursuant to Revenue Procedure 95-51 as modified by Revenue Procedure 98-10? Yes No
k If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method

6 Checklist of certain actuarial assumptions:

- a** Interest rates for:
 (1) "RPA '94" current liability **a(1)** 5.77% N/A
 (2) "ORBA '87" current liability **a(2)** % N/A
b Weighted average retirement age **6b** 55 N/A
- c** Rates specified in insurance or annuity contracts N/A
- d** Mortality table code for valuation purposes:
 (1) Males **d(1)** 2 N/A
 (2) Females **d(2)** 2F N/A
- e** Valuation liability interest rate N/A
f Expense loading N/A
- g** Annual withdrawal rates:
 (1) Age 25 **g(1)** 15.80% N/A
 (2) Age 40 **g(2)** 6.20% N/A
 (3) Age 55 **g(3)** 0.00% N/A
- h** Salary Scale N/A
- i** Estimated investment return on actuarial value of assets for the year ending on the valuation date **6i** 3.5% N/A
j Estimated investment return on current value of assets for the year ending on the valuation date **6j** 5.0% N/A

	Pre-Retirement	Post-Retirement	
6c	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
d(1)	2	2	
d(2)	2F	2F	
6e	8.00%	8.00%	<input type="checkbox"/> N/A
6f	2.0%	%	<input checked="" type="checkbox"/> N/A
	Male	Female	
g(1)	15.80%	15.80%	
g(2)	6.20%	6.20%	
g(3)	0.00%	0.00%	
6h	%	%	<input checked="" type="checkbox"/> N/A
6i	3.5%		
6j	5.0%		

7 New amortization bases established in the current plan year:

(1) <u>Type of Base</u>	(2) Initial Balance	(3) Amortization Charge/Credit
1	\$29,461,028	\$3,186,962

8 Miscellaneous information:

- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval
- b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions
- c** Is the plan required to provide a Schedule of Active Participant Data? If "Yes," attach schedule. (see instructions) Yes No

9	Funding standard account statement for this plan year: Charges to funding standard account:		
a	Prior year funding deficiency, if any	9(a)	
b	Employer's normal cost for plan year as of valuation date	9(b)	\$22,559,261
c	Amortization charges as of valuation date:	Outstanding Balance	
(1)	All bases except funding waivers	c(1)	\$66,194,174
(2)	Funding waivers	c(2)	
d	Interest as applicable on lines 9a, 9b, and 9c	9d	\$7,100,275
e	Additional interest charge due to late quarterly contributions, if applicable	9e	
f	Additional funding charge from Part II, line 12u, if applicable <input checked="" type="checkbox"/> N/A	9f	0
g	Total charges. Add lines 9a through 9f	9g	\$95,853,710
	Credits to funding standard account:		
h	Prior year credit balance, if any	9h	\$33,667,300
i	Employer contributions. Total from column (b) of line 3	9i	\$61,397,421
		Outstanding Balance	
j	Amortization credits as of valuation date	9j	\$20,597,007
k	Interest as applicable to end of plan year on lines 9h, 9i, 9j	9k	\$6,544,725
l	Full funding limitation (FFL) and credits		
(1)	ERISA FFL (accrued liability FFL)	l(1)	\$468,350,015
(2)	"OBRA '87" FFL (155% current liability FFL)	l(2)	
(3)	"RPA '94" override (90% current liability FFL)	l(3)	\$656,779,695
(4)	FFL credit before reflecting "OBRA '87" FFL	l(4)	
(5)	Additional credit due to "OBRA '87" FFL	l(5)	
m	(1) Waived funding deficiency	m(1)	
	(2) Other credits	m(2)	
n	Total credits. Add lines 9h through 9k, 9l(4), 9l(5), 9m(1), and 9m(2)	9n	\$122,206,453
o	Credit balance: If line 9n is greater than line 9g, enter the difference	9o	\$26,352,743
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	
	Reconciliation account:		
q	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan	q(1)	\$57,022,176
(2)	Due to additional interest charges as of the beginning of the plan year	q(1)	
(3)	Due to waived funding deficiencies:		
(a)	Reconciliation outstanding balance as of valuation date	q(1)	
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(1)	
(4)	Total as of valuation date	q(4)	\$57,022,176
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Additional Information for Certain Plans Other Than Multiemployer Plans

12	Additional required funding charge (see instructions):		
a	Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100. If line 12a is at least 90%, go to line 12u and enter -0-. If line 12a is less than 80%, go to line 12b. If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12u and enter -0-. Otherwise, go to line 12b	12a	%
b	"RPA'94" current liability. Enter line 1d(2)(a)	12b	
c	Adjusted value of assets (see instructions)	12c	
d	Funded current liability percentage. Divide line 12c by 12b and multiply by 100	12d	%
e	Unfunded current liability. Subtract line 12c from line 12b	12e	
f	Liability attributable to any unpredictable contingent event benefit	12f	
g	Outstanding balance of unfunded old liability	12g	
h	Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative.	12h	
i	Unfunded new liability amount (% of line 12h)	12i	
j	Unfunded old liability amount	12j	
k	Deficit reduction contribution. Add lines 12i, 12j, and 1d(2)(b)	12k	
l	Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero	12l	
m	Unpredictable contingent event amount:	12m	
(1)	Benefits paid during year attributable to unpredictable contingent event	m(1)	0

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100%	m(2)	
(3) Enter the product of lines 12m(1), 12m(2), and 12m(3)	m(4)	
(4) Amortization of all unpredictable contingent event liabilities	m(5)	
(5) "RPA '94" additional amount (see instructions)	m(6)	
(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5)		m(7)
Preliminary Calculation		
n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest		12n
o Contributions needed to increase current liability percentage to 100% (see instructions)		12o
p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o		12t
q Adjusted additional funding charge. (% of line 12p)		12u

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500EZ. v2.3Schedule B (Form 5500) 2006

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits 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. File as an attachment to Form 5500.	Official Use Only OMB No. 1210 - 0110 2006 This Form is Open to Public Inspection
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For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006 and ending December 31, 2006

A Name of plan LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN	B Three digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN	D Employer Identification Number 51-6117726

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: 1

2 On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in columns (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
STACEY BRAUN ASSOCIATES	13-2889432	INVESTMENT ADVISOR	ADVISOR TO OTHER UPS PLAN		\$882,817	20
MEISROW FINANCIAL ADVISORS	36-3429599	INVESTMENT ADVISOR	NONE		\$301,004	20
INTECH ENHANCED INVESTMENT TECH.	01-0614895	INVESTMENT ADVISOR	NONE		\$270,342	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MORGAN STANLEY DEAN WITTER	94-1671384	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$217,161	20
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AMALGAMATED BANK OF NEW YORK	13-4920330	INVESTMENT CUSTODIAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$168,217	18
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PROSAKAUER ROSE ET AL	13-1840454	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
ATTY TO OTHER UPS PLANS		\$165,759	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AON CONSULTING	23-2293237	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
CONSULTANT ON OTHER PLANS		\$129,470	11
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ABERDEEN ASSET MANAGEMENT	51-0368279	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$100,651	20
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
INDEPENDENT FIDUCIARY SERVICES	13-3406417	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$99,598	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MEYER SUOZZI ENGLISH & KLEIN	11-2340639	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$94,174	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MELLON GLOBAL SECURITIES	25-0659306	BENEFIT PROCESSING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
PROCESSOR ON OTHER UPS FD		\$78,674	99
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BUCHBINDER TUNICK & CO LLP	13-1578842	AUDITOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
AUDITOR TO OTHER UPS PLAN		\$59,922	10
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MERRILL LYNCH	13-1426500	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$25,613	20
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
COHEN,WEISS AND SIMON LLP	13-1592323	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$20,205	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BLACKROCK FINANCIAL MANAGEMENT	13-3806691	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$17,625	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PITTA & DREIER LLP	20-4007475	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		\$9,351	22

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
		CONTRACT ADMINISTRATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			12

Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)

(a) Name FRANK KATZ (b) EIN 22-2945469
(c) Position ENROLLED ACTUARY
(d) Address 199 WATER STREET
NEW YORK, NY 10038-
(e) Telephone No. 212-441-2161
Explanation NO LONGER EMPLOYED WITH AON CONSULTING, INC.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form Schedule C (Form 5500)
5500. v2.3 2006

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Pension and Welfare Benefits Administration	DFE/Participating Plan 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.	Official Use Only OMB No. 1210 - 0110
		2006
		This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

A Name of plan or DFE LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN	D Employer Identification Number 51-6117726

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(a) Name of MTIA, CCT, PSA, or 103-12IE LONGVIEW COLLECTIVE INVESTMENT
(b) Name of sponsor of entity listed in (a) AMALGAMATED BANK OF NEW YORK
(c) EIN-PN 134920330001 (d) [Entity Code](#) c (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \$99,235,418

Part II Information on Participating Plans (to be completed by DFEs)

(a) Plan Name
(b) Name of plan sponsor (c) EIN-PN -

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form Schedule D (Form 5500)
5500. v2.3 2006

**SCHEDULE H
(Form 5500)**
Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare
Benefits 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.

Official Use Only
OMB No. 1210 - 0110

2006

**This Form is Open to
Public Inspection**

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006, and ending December 31, 2006

A Name of plan <u>LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN</u>	B Three digit plan number <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ <u>BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN</u>	D Employer Identification Number <u>51-6117726</u>

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 c(9) through c(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.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		\$5,654,156	\$5,738,540
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	\$5,484,616	\$4,602,145
(2) Participant contributions	b(2)		
(3) Other	b(3)	\$2,661,420	\$2,367,832
c General investments:			
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	\$16,778,681	
(2) U.S. Government securities	c(2)	\$136,335,540	\$127,802,640
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)A	\$37,834,178	\$23,848,947
(B) All other	c(3)B		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)A		
(B) Common	c(4)B	\$325,961,316	\$345,761,444
(5) Partnership/joint venture interests	c(5)		
(6) Real Estate (other than employer real property)	c(6)		
(7) Loans (other than to participants)	c(7)		
(8) Participant loans	c(8)		
(9) Value of interest in common/collective trusts	c(9)	\$114,223,759	\$104,877,705
(10) Value of interest in pooled separate accounts	c(10)		
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		\$89,966,156
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15) Other	c(15)		
d Employer-related investments:			
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	\$644,933,666	\$704,965,409
Liabilities			
g Benefit claims payable	g		
h Operating payables	h	\$652,590	\$509,713
i Acquisition indebtedness	i		
j Other liabilities	j	\$23,336	\$23,336
k Total liabilities (add all amounts in lines 1g through 1j)	k	\$675,926	\$533,049
Net Assets			
l Net assets (subtract line 1k from line 1f)	l	\$644,257,740	\$704,432,360

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. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions			
(1) Received or receivable in cash from:	(A) Employers	\$56,134,368	
	(B) Participants		
	(C) Others (including rollovers)		
(2) Noncash contributions			
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)			\$56,134,368
b Earnings on investments:			
(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)		
	(B) U.S. Government securities	\$6,212,989	
	(C) Corporate debt instruments	\$1,633,160	
	(D) Loans (other than to participants)		
	(E) Participant loans		
	(F) Other		
	(G) Total interest. Add lines 2b(1)(A) through (F)		\$7,846,149
(2) Dividends	(A) Preferred stock		
	(B) Common stock	\$5,552,510	
	(C) Total dividends. Add lines 2b(2)(A) and (B)		\$5,552,510
(3) Rents			
(4) Net gain (loss) on sale of assets:	(A) Aggregate proceeds	\$524,273,878	
	(B) Aggregate carrying amount (see instructions)	\$530,383,374	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A)		(\$6,109,496)
(5) Unrealized appreciation (depreciation) of assets:	(A) Real Estate		
	(B) Other	\$41,725,821	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		\$41,725,821
(6) Net investment gain (loss) from common/collective trusts			\$18,043,966
(7) Net investment gain (loss) from pooled separate accounts			
(8) Net investment gain (loss) from master trust investment accounts			
(9) Net investment gain (loss) from 103-12 investment entities			
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)			\$3,601,337
c Other Income			\$71,191
d Total income. Add all income amounts in column (b) and enter total			\$126,865,846
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers		\$63,723,775	
(2) To insurance carriers for the provision of benefits			
(3) Other			
(4) Total benefit payments. Add lines 2e(1) through (3)			\$63,723,775
f Corrective distributions (see instructions)			
g Certain deemed distributions of participant loans (see instructions)			
h Interest expense			
i Administrative expenses:	(1) Professional fees	\$478,850	
	(2) Contract administrator fees		
	(3) Investment advisory and management fees	\$2,217,741	
	(4) Other	\$270,860	
	(5) Total administrative expenses. Add lines 2i(1) through (4)		\$2,967,451
j Total expenses. Add all expense amounts in column (b) and enter total			\$66,691,226
Net Income and Reconciliation			
k Net income (loss) (subtract line 2j from line 2d)			\$60,174,620
l Transfers of assets			
	(1) To this plan		
	(2) From this plan		

Part III Accountant's Opinion

3 The opinion of an independent qualified public accountant for this plan is (see instructions):

- a** Attached to this Form 5500 and the opinion is -- (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse
- b** Not attached because:
- (1) the Form 5500 is filed for a CCT, PSA, or MTIA
- (2) the opinion will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50
- c** Check this box if the accountant performed a limited scope audit pursuant to 29 CFR 2520.103-8 and /or 2520.103-12(d)
- d** If an accountant's opinion is attached, enter the name and EIN of the accountant (or accounting firm)
- BUCHBINDER TUNICK & COMPANY, LLP 13-1578842

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.

	Yes	No	Amount
a Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
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)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d Did the plan engage in any nonexempt transaction with any party-in-interest? (Attach Schedule G (Form 5500) Part III if "Yes" is checked)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	\$500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

- 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)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule H (Form 5500) 2006

Schedule R (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).
File as an Attachment to Form 5500.

Official Use Only
OMB No. 1210 - 0110

2006

This Form is Open to Public Inspection

For the calendar plan year 2006 or fiscal plan year beginning January 01, 2006 and ending December 31, 2006

A Name of plan LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN	B Three-digit plan number 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RETIREMENT PLAN	D Employer Identification Number 51-6117726

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits).	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A
If the plan is a defined benefit plan, go to line 7.
- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver.
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.
- 6 a** Enter the minimum required contribution for this plan year **6a** _____
- b** Enter the amount contributed by the employer to the plan for this plan year **6b** _____
- c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)
If you completed line 6c, do not complete the remainder of this schedule **6c** _____
- 7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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- 8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (see instructions) Increase Decrease No

Part IV	Coverage (See instructions.)
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- 9** Check the box for the test this plan used to satisfy the coverage requirements the ratio percentage test
 average benefit test

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[Back to Top](#)