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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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 2009 This Form is Open to Public Inspection |
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| | |
|--|---|
| Part I Annual Report Identification Information | |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | |
| A This return/report is for: | <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here: | <input checked="" type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input checked="" type="checkbox"/> special extension (enter description) MEGAFILER 2 BUSINESS DAY EXTENSION |

| | |
|---|--|
| Part II Basic Plan Information—enter all requested information | |
| 1a Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN | 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 04/15/1955 |
| 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES 2323 EASTLAKE AVENUE EAST 2323 EASTLAKE AVENUE EAST SEATTLE, WA 98102-3305 SEATTLE, WA 98102-3305 | 2b Employer Identification Number (EIN) 91-6145047 2c Sponsor's telephone number 206-329-4900 2d Business code (see instructions) 484120 |

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 |  | 10-21-2010 | Richard L. Dodge, Chairman |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 10-21-2010 | Charles Mack, Co-Chairman/Sec |
| | 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 (2009)
v.092307.1

| | |
|--|--|
| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES 2323 EASTLAKE AVENUE EAST SEATTLE, WA 98102-3305 | 3b Administrator's EIN 91-6145047 |
| | 3c Administrator's telephone number 206-329-4900 |
| | |

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

| | | |
|---|----------|--------|
| 5 Total number of participants at the beginning of the plan year | 5 | 539783 |
|---|----------|--------|

| | | |
|--|-----------|--------|
| 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 | 220271 |
| b Retired or separated participants receiving benefits..... | 6b | 127053 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 172118 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 519442 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 15465 |
| f Total. Add lines 6d and 6e | 6f | 534907 |
| 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 | 1890 |
|--|----------|------|

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1G 1B

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

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

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

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) 2 **A** (Insurance Information)
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

**STATEMENT OF ELIGIBILITY FOR MEGAFILER TWO-DAY
EXTENSION/REASONABLE CAUSE REGARDING 2009 FORM 5500 FILING**

Re: Plan Name: Western Conference of Teamsters Pension Plan
Plan Number: 001
Plan Year-end: December 31, 2009
EIN: 91-6145047

Date: October 19, 2010

To Whom It May Concern:

On behalf of the Western Conference of Teamsters Pension Plan (the "Plan"), we are submitting this statement to establish:

(1) That the Plan qualifies for the "megafiler" two business day extension from the October 15, 2010 filing deadline for the Form 5500 Return/Report for the 2009 plan year because the attachments to the Plan's Form 5500 for the 2008 plan year totaled in excess of 100 pages and the PDF files containing those attachments exceeded 40 megabytes in size. The Plan is unable to locate a letter from the Department of Labor notifying it of its eligibility for this two-day extension, but based on the criteria announced by Marianne Gibbs, EFAST2 Technical Leader, on October 18, 2010 at the annual conference of the American Society of Pension Professionals and Actuaries, the Plan is clearly entitled to the extension which expires today at midnight Pacific Time.

(2) In the event that the Department of Labor should determine that the Plan does not qualify for the extension, that no late filing penalties should be assessed based on the following statement of reasonable cause explaining the circumstances that prevented the Plan from filing the Form 5500 Annual Return/Report filing for the 2009 plan year by the October 15, 2010 filing deadline.

The Plan is the largest multiemployer pension plan in the country, with assets in excess of \$26 billion. It has numerous service providers and investments. The Plan attempted to use Sungard's Relius Government Forms 5500 software package to prepare and electronically file the Form 5500. Relius is one of the approved EFAST software vendors. Because of technical issues with the Relius software, which remain unresolved as of this date and time, the Plan was unable to successfully complete the electronic filing by the October 15th deadline. The Plan has extensive documentation of its attempts to complete the filing successfully and its attempts to secure resolution from Relius of the technical issues in their software package that were causing the electronic filing to fail. We have attached a sample of that documentation and are prepared to submit affidavits, emails and other documentation if required.

After it became clear over the weekend of October 16 and 17, 2010 that Relius was either unwilling or unable to rectify the problems with their software, the Plan decided to use the EFast website for a direct filing. We attempted to export each of the completed Schedules from the Relius software package in XML format to upload to the EFast website but again because of still unresolved technical issues with the Relius software, the exported files were rejected by the EFast website because they were not in an acceptable XML formatted document. Thus, it became necessary to manually re-input

**STATEMENT OF ELIGIBILITY FOR MEGAFILER TWO-DAY
EXTENSION/REASONABLE CAUSE REGARDING 2009 FORM 5500 FILING**

Re: Plan Name: Western Conference of Teamsters Pension Plan
Plan Number: 001
Plan Year-end: December 31, 2009
EIN: 91-6145047

all of the data from the Form 5500 and required Schedules onto the Forms and Schedules on the EFast2 website. Because of the volume of data, this process has taken several days (the Schedule C alone is 34 pages).

Based on the foregoing, we hereby request that any penalties attributable to the late filing be waived due to reasonable cause as explained herein.

Under penalties of perjury, I declare that the facts presented in this written Statement of Reasonable Cause are, to the best of my knowledge and belief, true, correct and complete.

Regards,



Shelley Guidry
Trust Accounting Manager
Northwest Administrators, Inc.
Contract Administrator for the Western Conference of Teamsters Pension Plan

| | | |
|---|--|--|
| <p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2009</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|---|--|--|
| <p>A Name of plan <u>WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</u></p> | <p>B Three-digit plan number (PN) ▶ <u>001</u></p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500. <u>WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES</u></p> | <p>D Employer Identification Number (EIN) <u>91-6145047</u></p> | |

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (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 |
| <u>22-1211670</u> | <u>68241</u> | <u>GA-8216</u> | <u>67908</u> | <u>01/01/2009</u> | <u>12/31/2009</u> |

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 <u>0</u> | (b) Total amount of fees paid <u>0</u> |
|--|---|

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

| (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 | |
| | | | |

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

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|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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

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

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| (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 | 165325696 |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 3896514208 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

| | | |
|---|-----------|--|
| 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..... Specify nature of costs ▶ | 6d | |

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 ▶ PRUPAR

| | | |
|---|-----------|-----------|
| b Balance at the end of the previous year..... | 7b | 170043654 |
|---|-----------|-----------|

| | | | |
|---|--------------|----------|--|
| c Additions: (1) Contributions deposited during the year..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶ | 7c(1) | | |
| | 7c(2) | | |
| | 7c(3) | 12640813 | |
| | 7c(4) | | |
| | 7c(5) | 488349 | |

| | | |
|--------------------------|--------------|----------|
| (6) Total additions..... | 7c(6) | 13129162 |
|--------------------------|--------------|----------|

| | | |
|--|-----------|-----------|
| d Total of balance and additions (add b and c(6))..... | 7d | 183172816 |
|--|-----------|-----------|

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) | 17846847 | |
| (4) Other (specify below)..... ▶ | 7e(4) | | |

| | | |
|---------------------------|--------------|----------|
| (5) Total deductions..... | 7e(5) | 17846847 |
|---------------------------|--------------|----------|

| | | |
|--|-----------|-----------|
| f Balance at the end of the current year (subtract e(5) from d)..... | 7f | 165325696 |
|--|-----------|-----------|

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)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** 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 | |
| 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. ▶

| | | |
|---|---|--|
| <p align="center">SCHEDULE A (Form 5500)</p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p align="center">▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2009</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|---|--|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|---|--|--|
| <p>A Name of plan <u>WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</u></p> | <p>B Three-digit plan number (PN) ▶ <u>001</u></p> | |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500. <u>WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES</u></p> | <p>D Employer Identification Number (EIN) <u>91-6145047</u></p> | |

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
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (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 |
| <u>22-1211670</u> | <u>68241</u> | <u>GA-8217</u> | <u>534907</u> | <u>01/01/2009</u> | <u>12/31/2009</u> |

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 |
| <u>0</u> | <u>0</u> |

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

| (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 | |
| | | | |

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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
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| | | | |

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|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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| (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 | 0 |
| 5 Current value of plan's interest under this contract in separate accounts at year end | 5 | 5469803537 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

| | | |
|---|-----------|--|
| 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 ▶ FLEXIBLE FUNDING FACILITY

| | | |
|--|-----------|---|
| b Balance at the end of the previous year | 7b | 0 |
|--|-----------|---|

| | | |
|---|--------------|--|
| c Additions: (1) Contributions deposited during the year | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 7c(5) | |

(5) Other (specify below)

| | | |
|---------------------------|--------------|--|
| (6) Total additions | 7c(6) | |
|---------------------------|--------------|--|

| | | |
|---|-----------|---|
| d Total of balance and additions (add b and c(6)) | 7d | 0 |
|---|-----------|---|

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) | |

(4) Other (specify below)

| | | |
|----------------------------|--------------|--|
| (5) Total deductions | 7e(5) | |
|----------------------------|--------------|--|

| | | |
|---|-----------|---|
| f Balance at the end of the current year (subtract e(5) from d) | 7f | 0 |
|---|-----------|---|

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)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** 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 | |
| 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 MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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.

| | |
|---|---|
| A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF THE WESTERN CONFERENCE TEAMSTERS TRUST FUND | D Employer Identification Number (EIN) 91-6145047 |

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

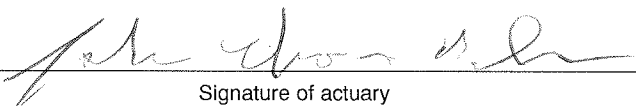
1a Enter the valuation date: Month 1 Day 1 Year 2009

b Assets

| | | |
|---|-----------------|----------------|
| (1) Current value of assets | 1b(1) | 24,962,022,000 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 28,541,798,000 |
| c (1) Accrued liability for plan using immediate gain methods | 1c(1) | 35,615,631,000 |
| (2) Information for plans using spread gain methods: | | |
| (a) Unfunded liability for methods with bases | 1c(2)(a) | |
| (b) Accrued liability under entry age normal method | 1c(2)(b) | |
| (c) Normal cost under entry age normal method | 1c(2)(c) | |
| (3) Accrued liability under unit credit cost method | 1c(3) | 33,536,710,000 |
| d Information on current liabilities of the plan: | | |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) | 1d(1) | |
| (2) "RPA '94" information : | | |
| (a) Current liability | 1d(2)(a) | 45,281,396,000 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 958,923,000 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 0 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 2,141,985,000 |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|----------------------|--|--|
| SIGN HERE |  Signature of actuary | <u>10/4/2010</u> Date |
| | JOHN THOMAS BOLEN, M.A.A.A., E.A. Type or print name of actuary | 08-00382 Most recent enrollment number |
| | MCGINN ACTUARIES LTD. 2400 EAST KATELLA AVE., SUITE 660 ANAHEIM CA 92806-5961 Firm name Address of the firm | (714) 634-8337 Telephone number (including area code) |

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

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

Schedule MB (Form 5500) 2009
v.092308.1

2 Operational information as of beginning of this plan year:

| | | |
|---|-----------------------------------|------------------------------|
| a Current value of the assets (see instructions) | 2a | 24,962,022,000 |
| b "RPA '94" current liability/participant count breakdown: | | |
| | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment | 227,834 | 22,424,660,000 |
| (2) For terminated vested participants | 161,580 | 5,093,287,000 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 3,007,165,000 |
| (b) Vested benefits | | 14,756,284,000 |
| (c) Total active | 230,500 | 17,763,449,000 |
| (4) Total | 619,914 | 45,281,396,000 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 55.13% |

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

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/15/2009 | 108,319,000 | | 08/15/2009 | 113,316,000 | |
| 03/15/2009 | 110,988,000 | | 09/15/2009 | 113,073,000 | |
| 04/15/2009 | 103,502,000 | | 10/15/2009 | 107,782,000 | |
| 05/15/2009 | 102,988,000 | | 11/15/2009 | 101,949,000 | |
| 06/15/2009 | 109,237,000 | | 12/15/2009 | 95,052,000 | |
| 07/15/2009 | 103,649,000 | | 01/15/2010 | 94,828,000 | |
| Totals ▶ | | | 3(b) | 1,264,683,000 | 3(c) |
| | | | | | 0 |

4 Information on plan status:

| | | |
|--|-----------|--|
| a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5..... | 4a | N |
| b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | 4b | % |
| c Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the plan is in critical status, were any adjustable benefits reduced? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date | 4e | |

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|---|---|---|
| a <input type="checkbox"/> Attained age normal | b <input checked="" type="checkbox"/> Entry age normal | c <input type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Reorganization | j <input type="checkbox"/> Other (specify): | | |

| | | |
|---|-----------|---|
| k If box h is checked, enter period of use of shortfall method | 5k | |
| l Has a change been made in funding method for this plan year? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method..... | 5n | |

6 Checklist of certain actuarial assumptions:

| | | |
|--|--|--|
| a Interest rate for "RPA '94" current liability..... | 6a | 4.82% |
| b Rates specified in insurance or annuity contracts | | |
| | Pre-retirement | Post-retirement |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males..... | 6c(1) | A |
| (2) Females..... | 6c(2) | A |
| d Valuation liability interest rate | 6d | 6.91% |
| e Expense loading | 6e | 14.8% |
| f Salary scale | 6f | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date..... | 6g | (6.7)% |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | (20.6)% |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | 4,200,234,000 | 430,994,000 |
| 3 | 12,122,000 | 1,244,000 |
| 4 | (14,196,000) | (1,457,000) |

8 Miscellaneous information:

| | | |
|---|--------------|---|
| a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval | 8a | |
| b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d If line c is "Yes," provide the following additional information: | | |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If line (1) is "Yes," enter the number of years by which the amortization period was extended | 8d(2) | |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... | 8d(4) | |
| (5) If line (3) is "Yes," enter the date of the ruling letter approving the extension..... | 8d(5) | |
| (6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) | 8e | |

9 Funding standard account statement for this plan year:

Charges to funding standard account:

| | | |
|---|---------------------|---------------|
| a Prior year funding deficiency, if any..... | 9a | 0 |
| b Employer's normal cost for plan year as of valuation date | 9b | 522,053,000 |
| c Amortization charges as of valuation date: | Outstanding balance | |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended | 9c(1) | 9,139,196,000 |
| (2) Funding waivers | 9c(2) | 0 |
| (3) Certain bases for which the amortization period has been extended | 9c(3) | 0 |
| d Interest as applicable on lines 9a, 9b, and 9c | 9d | 110,578,000 |
| e Total charges. Add lines 9a through 9d..... | 9e | 1,690,263,000 |

Credits to funding standard account:

| | | |
|--|---------------------|----------------|
| f Prior year credit balance, if any | 9f | 2,065,365,000 |
| g Employer contributions. Total from column (b) of line 3 | 9g | 1,264,683,000 |
| h Amortization credits as of valuation date..... | Outstanding balance | |
| | 9h | 0 |
| i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... | 9i | 181,990,000 |
| j Full funding limitation (FFL) and credits: | | |
| (1) ERISA FFL (accrued liability FFL) | 9j(1) | 14,167,899,000 |
| (2) "RPA '94" override (90% current liability FFL) | 9j(2) | 17,155,536,000 |
| (3) FFL credit..... | 9j(3) | 0 |
| k (1) Waived funding deficiency | 9k(1) | 0 |
| (2) Other credits | 9k(2) | 0 |
| l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... | 9l | 3,512,038,000 |
| m Credit balance: If line 9l is greater than line 9e, enter the difference..... | 9m | 1,821,775,000 |
| n Funding deficiency: If line 9e is greater than 9l, enter the difference | 9n | |

line 7: Additional bases - see attached

9 o Current year's accumulated reconciliation account:

| | | |
|---|-----------------|---|
| (1) Due to waived funding deficiency accumulated prior to the 2009 plan year..... | 9o(1) | 0 |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621 (b) of the Code: | | |
| (a) Reconciliation outstanding balance as of valuation date..... | 9o(2)(a) | 0 |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) | 9o(2)(b) | 0 |
| (3) Total as of valuation date..... | 9o(3) | 0 |
| 10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) | 10 | 0 |

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. Yes No

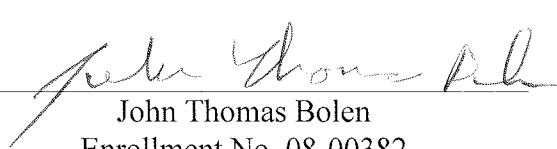
**WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
EMPLOYER I.D. NO. 91-6145047, PLAN 001
FORM 5500 ATTACHMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 2009**

STATEMENT BY ENROLLED ACTUARY

In my opinion, the assumptions used in preparing the 2009 Schedule MB, to which this certification is attached, for the Western Conference of Teamsters Pension Plan (a) are in the aggregate reasonably related to the experience of the Plan and to reasonable expectations, and (b) represent my best estimate, as of the valuation date, of anticipated experience under the Plan. The schedule and the accompanying attachments, which describe the actuarial assumptions and methods employed and summarize the principal eligibility and benefit provisions upon which the valuation was based, are complete and accurate to the best of my knowledge.

In preparing this report, I have relied upon information on plan participants as provided by Prudential Life Insurance Company and by Northwest Administrators, Inc., the plan administrator, and information regarding plan assets and employer contributions supplied by Lindquist, LLP, the auditors for this pension trust and by Northwest Administrators, Inc. All values are based upon valuation data provided for the preparation of the January 1, 2009 Actuarial Valuation.

10/4/2010
Date


John Thomas Bolen
Enrollment No. 08-00382

**WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
EIN/PLAN NO.: 91-6145047/001
ATTACHMENT TO SCHEDULE MB
FOR THE PLAN YEAR ENDING DECEMBER 31, 2009**

**Additional new amortization bases
established in current plan year**

| (1) Type of Base | (2) Initial Balance | (3) Amortization Charge/Credit |
|---------------------|---------------------------|--------------------------------------|
| 3 | \$11,914,000 | \$11,914,000 |
| 3 | \$40,000,000 | \$11,037,000 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
EIN/PLAN NO.: 91-6145047/001
ATTACHMENT TO SCHEDULE MB FOR THE PLAN YEAR ENDING DECEMBER 31, 2009

Items 9c and 9h - Maintenance Schedule of Funding Standard Account Bases

| AMORTIZATION SCHEDULE | Year Established | Balance | Years Remaining | Amortization Payment |
|--------------------------|---------------------|---------------------|--------------------|-------------------------|
| CHARGES: | | | | |
| Combined Base | 1984 | \$4,889,122,000 | 11.1 | \$604,086,000 |
| Experience Loss | 2009 | \$4,200,234,000 | 15.0 | \$430,994,000 |
| Plan Change: Extra Check | 2009 | \$11,914,000 | 1.0 | \$11,914,000 |
| Allocated Reserve | 2009 | \$40,000,000 | 4.0 | \$11,037,000 |
| Plan Change:Peer Changes | 2009 | <u>\$12,122,000</u> | 15.0 | <u>\$1,244,000</u> |
| Total | | \$9,153,392,000 | | \$1,059,275,000 |
| CREDITS: | | | | |
| Assumption Change | 2009 | \$14,196,000 | 15.0 | \$1,457,000 |
| Total | | <u>\$14,196,000</u> | | <u>\$1,457,000</u> |
| COMBINED BASE: | 2009 | \$9,139,196,000 | 12.3 | \$1,057,632,000 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION E — REVISIONS OF ACTUARIAL ASSUMPTIONS AND PLAN PROVISIONS

1. Changes in Actuarial Assumptions

a. Investment Earnings - Dedicated Assets

The investment earnings rate assumptions used to value Plan liabilities have been revised for dedicated assets in the first two asset categories listed below. As in prior valuations, the revisions to the dedicated account assumptions were made solely to reflect changes in the relationships between the amortized cost value of these accounts and the projected cash flow generated by such assets.

- ▶ 1982/1984 Annuity Account: The assumed annual rate of return has been changed to a level 5.40% from the previous valuation assumption of 5.26%.
- ▶ Strategic Bond Account (SBA): The assumed annual rate of return has been changed to a level 6.25% from the previous valuation assumption of 6.20%.
- ▶ Fixed Dollar Account: The assumed annual rates of return are the same as those assumed in the January 1, 2008 valuation and grade down from 7.1% in 2009 to 6.5% in 2015 and thereafter.

b. Remaining Assets/Benefits: The annual rate of return assumed for benefits not covered by the dedicated accounts, and for the normal cost calculations remains at 7.0%.

c. Expenses: Assumed annual expenses have been increased from \$77 million to \$80 million.

2. Changes in Contribution Rates and PEER Coverage

The actuarial liabilities for the Plan are determined based on contribution rates, PEER levels, and status of the participants on the effective date of the valuation. Contribution rates have generally been increasing, contributing to increases in the actuarial liabilities. PEER levels have been fairly constant for the last several years, but any changes do contribute to changes in the actuarial liabilities.

3. New Supplemental Payment Reserve

The \$40 million supplemental payment reserve has been reflected in our calculations.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION H — PARTICIPANT DATA

The sources of WCT Plan participant data for our actuarial calculations are: (a) extracts from Prudential Investments' Annuitant Benefit Consolidation (ABC) System file, (b) extracts from the T2 Participant Data File (PDF) maintained by Northwest Administrators and Prudential Investments, and (c) extracts from the Western States Food database.

The following paragraphs describe how the data were prepared for valuation purposes and present statistical characteristics of the data base.

1. **Data Base for Active and Vested Inactive Participants**

Northwest Administrators sent us a December 31, 2008 valuation data file that included T2 extract records for non-retired participants and all claims and deaths for the last five years.

From this file containing 396,456 records, we selected the 5% sample valuation file of active and vested inactive participants (Social Security numbers ending in 00, 05, 10, 15, or 20). A participant was considered Active as of January 1, 2009 if he or she was not included on the ABC file as retired as of the valuation date, and if he/she earned at least 250 covered hours during 2008, or earned at least 1 covered hour in 2008 and earned at least 250 covered hours in 2007.

10,864 Non-Seasonal Active 5% sample records representing 217,280 participants were included in the valuation. For this purpose, Active participant records with non-seasonal industry codes or with 1,000 or more covered hours in each of the last two years were considered Non-Seasonal.

661 Seasonal Active 5% sample records representing 13,220 participants were included in the valuation. Active participants with a seasonal industry code and less than 1,000 covered hours in one or both of the last two years were considered Seasonal.

8,079 Vested Inactive 5% sample records representing 161,580 participants were included in the valuation.

376,852 T2 extract records were not used for the valuation. These records primarily represent non-5% sample participant records, pre-valuation date claims, and non-vested inactives. Pre-valuation date claim records were used for experience analysis only.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION H — PARTICIPANT DATA (Continued)

2. Statistical Information

Highlights of the data characteristics for Active Plan participants on January 1, 2009 are shown below, together with corresponding information from the January 1, 2008 and January 1, 2007 Actuarial Reports.

- ▶ For actuarial valuation purposes, the Active participant population was 232,950 as of January 1, 2007, 234,720 as of January 1, 2008, and 230,500 as of January 1, 2009. The aggregate number of Active participants covered under PEER is 84.8% (including Non-Seasonal and Seasonal employees) on January 1, 2009. (Note that the information summarized below for 1/1/07 is based on 2% sample data, whereas the information for 1/1/08 and 1/1/09 is based on 5% sample data.)

| NUMBER OF ACTIVE PLAN PARTICIPANTS | | | |
|---|---------------------|---------------------|---------------------|
| Industry | As of 1/1/07 | As of 1/1/08 | As of 1/1/09 |
| ALL ACTIVES | | | |
| Non-Seasonal | 218,400 | 220,700 | 217,280 |
| Seasonal | 14,550 | 14,020 | 13,220 |
| Total | 232,950 | 234,720 | 230,500 |
| PEER UNITS | | | |
| Non-Seasonal PEER 80 | 74,550 | 74,300 | 72,080 |
| Non-Seasonal PEER 82 | 6,200 | 6,180 | 5,560 |
| Non-Seasonal PEER 84 | 103,600 | 105,900 | 105,900 |
| Seasonal PEER 80 | 9,400 | 8,900 | 8,860 |
| Seasonal PEER 82 | 350 | 260 | 300 |
| Seasonal PEER 84 | 3,400 | 3,560 | 2,820 |
| Total PEER Participants | 197,500 | 199,100 | 195,520 |
| NON-PEER UNITS | | | |
| Non-Seasonal | 34,050 | 34,320 | 33,740 |
| Seasonal | 1,400 | 1,300 | 1,240 |
| Total Non-PEER Participants | 35,450 | 35,620 | 34,980 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION H — PARTICIPANT DATA (Continued)

4. Procedures to Account for Data with Missing or Invalid Birthdates or Sex Codes (Continued)

There were 212 non-retired sample valuation records, representing 4,240 participants with missing dates of birth. There were 1,332 Non-Seasonal non-retired sample valuation records with missing or invalid sex codes who are assumed to be males and 143 Seasonal non-retired sample valuation records with missing or invalid sex codes who are assumed to be female. The non-retired participant T2 extract records included in the valuation had the characteristics shown in the following table:

| | | Number of Records*20 | | |
|--------------------------------|----------|--------------------------|-----------------------------|-------------------------------|
| Status | Sex Code | With Valid Date of Birth | Without Valid Date of Birth | % Without Valid Date of Birth |
| Non-Seasonal Active Vested | Male | 123,780 | 40 | 0.03% |
| Non-Seasonal Active Vested | Female | 19,960 | 0 | 0.00% |
| Non-Seasonal Active Non-Vested | Male | 61,320 | 2,640 | 4.13% |
| Non-Seasonal Active Non-Vested | Female | 9,400 | 140 | 1.47% |
| Seasonal Active Vested | Male | 2,360 | 0 | 0.00% |
| Seasonal Active Vested | Female | 6,440 | 80 | 1.23% |
| Seasonal Active Non-Vested | Male | 1,340 | 60 | 4.29% |
| Seasonal Active Non-Vested | Female | 2,800 | 140 | 4.76% |
| Non-Seasonal Vested Inactive | Male | 122,620 | 660 | 0.54% |
| Non-Seasonal Vested Inactive | Female | 21,660 | 80 | 0.37% |
| Seasonal Vested Inactive | Male | 5,700 | 40 | 0.70% |
| Seasonal Vested Inactive | Female | 10,460 | 360 | 3.33% |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION H — PARTICIPANT DATA (Continued)

5. **Age Retirees, Disability Retirees, and Surviving Beneficiaries**

We based our actuarial calculations for retired lives on extracts from the ABC retired file provided by Prudential Investments. This file contains records for all Pensioners and Beneficiaries.

Of the 238,285 retired records received, 10,462 were disregarded (9,405 deaths, 399 expirations and 658 other rejects, such as cancellations, post valuation retirements, etc.). In addition, we added 11 liability records from the end of year 2007 data, based on our review of Prudential's "previous year liability lives missing from current year file" exhibit. This resulted in the inclusion of 227,834 records representing all benefits associated with 194,789 participants. Approximately 76.6% of these records are for Age Retirees, 9.5% are for Disability Retirees, and 13.9% are for Beneficiaries. There were no missing birthdates in these records.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY

1. **Actuarial Basis**

For valuation purposes, age last birthday has been used to reference the tables of probabilities of death, termination, age retirement and disability retirement. The assumptions employed are described below.

a. **Investment Earnings Assumptions**

- i. **Fixed Dollar Account**: The assumed investment return for these assets, which is used to value the pension benefits* for Pensioners and Beneficiaries whose benefits commenced on or before August 1, 1982 (as identified by Prudential Investments), is determined by a schedule of rates that varies by calendar year, starting at 7.1% in 2009 and decreasing gradually to 6.5% in 2015 and thereafter.
- ii. **1982/1984 Annuity Account**: The assumed rate of return for these assets, which is used to value the pension benefits* for Pensioners and Beneficiaries whose benefits commenced from September, 1982 through December, 1984 (as identified by Prudential Investments), is 5.40%.
- iii. **Strategic Bond Account (SBA)**: The assumed rate of return for these assets is 6.25%. This assumption is used to value 85.2% of the pension benefits* related to service through December 31, 1985, based on December 31, 1984 Plan provisions and not covered by the prior asset dedications.

* Single sum death benefits are not valued using the investment earnings assumptions described above. Instead, the "Remaining Assets" assumption described on the next page is used.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

1. **Actuarial Basis (Continued)**

iv. Remaining Assets/Benefits: The assumed rate of investment return which is used to value all benefits expected to be paid out of remaining assets and future contributions is 7%.

b. Mortality Rates

The assumed mortality rates for non-retired participants and for age retirees and beneficiaries are based on the various RP-2000 mortality tables and adjustment factors -- modified to reflect recent Plan experience and projected (using Scale AA) to provide a margin for mortality improvement. Special mortality tables, reflecting Plan experience, are used for disabled pensioners.

Examples of mortality rates used are shown in the table below:

| ANNUAL PROBABILITY OF DEATH | | | | | | |
|------------------------------------|----------------------------------|--------|-----------------------------------|--------|----------------------|--------|
| Age Last Birthday | Non-Retired Plan Participants | | Age Retirees and Beneficiaries | | Disabled Retirees | |
| | Male | Female | Male | Female | Male | Female |
| 25 | .0004 | .0002 | .0004 | .0002 | .0277 | .0139 |
| 40 | .0014 | .0009 | .0014 | .0009 | .0278 | .0139 |
| 55 | .0036 | .0029 | .0052 | .0042 | .0287 | .0139 |
| 70 | .0178 | .0141 | .0244 | .0206 | .0382 | .0223 |
| 85 | .1133 | .0824 | .1133 | .0824 | .1548 | .1231 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

1. **Actuarial Basis (Continued)**

c. Provision for Expenses

\$80 million of employer contributions per year.

d. Age Retirement Rates for Participants with fewer than 25 Years of Service

Age retirement rates apply only to retirement eligible participants.

| Age Last Birthday | Non-PEER Actives | PEER Eligible Actives | Vested Terminated |
|-------------------|------------------|-----------------------|-------------------|
| 49 | .030 | .150 | N/A |
| 50 | .030 | .150 | N/A |
| 51 | .030 | .150 | N/A |
| 52 | .030 | .150 | N/A |
| 53 | .030 | .150 | N/A |
| 54 | .080 | .160 | .160 |
| 55 | .060 | .120 | .120 |
| 56 | .060 | .120 | .060 |
| 57 | .060 | .120 | .060 |
| 58 | .060 | .120 | .060 |
| 59 | .100 | .200 | .100 |
| 60 | .100 | .200 | .100 |
| 61 | .350 | .350 | .300 |
| 62 | .350 | .350 | .200 |
| 63 | .150 | .150 | .150 |
| 64 | .300 | .300 | .300 |
| 65 | .300 | .300 | .200 |
| 66 | .200 | .200 | .060 |
| 67 | .200 | .200 | .060 |
| 68 | .200 | .200 | .060 |
| 69 | 1.000 | 1.000 | 1.000 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
 (Continued)

1. **Actuarial Basis (Continued)**

e. Age Retirement Rates for Participants with 25 or more Years of Service

Age retirement rates apply only to retirement eligible participants.

| Age Last Birthday | Non-PEER Actives | PEER Eligible Actives | Non-PEER Vested Terminated | PEER Eligible Vested Terminated |
|-------------------|------------------|-----------------------|----------------------------|---------------------------------|
| 49 | .030 | .150 | .150 | .230 |
| 50 | .030 | .150 | .150 | .230 |
| 51 | .030 | .150 | .150 | .230 |
| 52 | .030 | .150 | .150 | .230 |
| 53 | .030 | .150 | .150 | .230 |
| 54 | .080 | .160 | .160 | .350 |
| 55 | .060 | .120 | .120 | .250 |
| 56 | .060 | .120 | .090 | .200 |
| 57 | .060 | .120 | .090 | .180 |
| 58 | .060 | .120 | .090 | .180 |
| 59 | .100 | .200 | .150 | .300 |
| 60 | .100 | .200 | .150 | .300 |
| 61 | .350 | .350 | .350 | .350 |
| 62 | .350 | .350 | .350 | .350 |
| 63 | .150 | .150 | .150 | .150 |
| 64 | .300 | .300 | .300 | .300 |
| 65 | .300 | .300 | .300 | .300 |
| 66 | .200 | .200 | .200 | .200 |
| 67 | .200 | .200 | .200 | .200 |
| 68 | .200 | .200 | .200 | .200 |
| 69 | 1.000 | 1.000 | 1.000 | 1.000 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

f. Disability Retirement

Disability rates apply only to employees with 4 or more years of vesting service.

| Age Last Birthday | Examples of Annual Probability of Retirement |
|-------------------|--|
| 32 | .0006 |
| 37 | .0008 |
| 42 | .0011 |
| 47 | .0017 |
| 52 | .0030 |
| 57 | .0052 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
 (Continued)

1. **Actuarial Basis (Continued)**

g. Employee Termination Rates

The termination rates shown below exclude death, disability and retirement rates. Termination rates are not applied when an individual is eligible for age retirement. Below are examples of annual probabilities of employment termination for Active employees with less than 9 years of coverage.

| Non-Seasonal Employees | | | | |
|--|--------------------------------|-------|-------|-------|
| Age Last Birthday At First Covered Hour | Years Since First Covered Hour | | | |
| | 0 | 1 | 2 | 8 |
| 22 | .0945 | .1795 | .2272 | .1120 |
| 32 | .0844 | .1478 | .1914 | .0896 |
| 42 | .0776 | .1214 | .1674 | .0784 |
| 52 | .0641 | .0898 | .1435 | .0784 |
| 62 | .0574 | .0686 | | |

| Seasonal Employees | | | | |
|--|--------------------------------|-------|-------|-------|
| Age Last Birthday At First Covered Hour | Years Since First Covered Hour | | | |
| | 0 | 1 | 2 | 8 |
| 22 | .7004 | .5443 | .3039 | .1600 |
| 32 | .6254 | .4482 | .2559 | .1280 |
| 42 | .5754 | .3682 | .2240 | .1120 |
| 52 | .4753 | .2721 | .1920 | .1120 |
| 62 | .4253 | .2081 | | |

Examples of annual probabilities for termination are listed below for Non-Seasonal and Seasonal Active employees with 9 or more years of coverage.

| Non-Seasonal and Seasonal Employees | | |
|--|--|----------|
| Age Last Birthday on Valuation Date | After 9 or more Years Since First Covered Hour | |
| | Non-Seasonal | Seasonal |
| 32 | .0734 | .0978 |
| 42 | .0435 | .0790 |
| 52 | .0422 | .0562 |
| 62 | .0077 | .0102 |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

1. **Actuarial Basis (Continued)**

h. Benefit Projection Assumptions

Projected benefit amounts were calculated assuming that: (a) Non-Seasonal employees work an average of 1800 hours per year; (b) Seasonal employees work an average of 600 hours per year; and (c) contribution rates would continue at the December 31, 2008 levels.

i. Expected Annual Employer Contributions

The annual employer contributions expected during 2009 have been assumed to be \$1.353 billion. This amount is used to determine the expected amortization period (13.4 years) for the UAL (\$7,073,833,000).

j. Actuarial Value of Assets

The Prudential Investments Fixed Dollar Account (FDA), in general, was valued at book value. However, to the extent the FDA value was lower than the retired life liabilities that its value was required to support, certain bonds valued at amortized cost were assigned to the FDA so that all FDA liabilities were supported by dedicated assets. When book value is referenced, such value is equal to amounts deposited, plus interest credited, less amounts disbursed. The 1982/1984 Annuity Account and the SBA were valued on an amortized cost basis, running from cost at purchase to par value at maturity or earliest call date.

The remaining invested assets were valued by determining an investment gain or loss by comparing the actuarially expected investment results with the investment results based on the fair market value of assets for each of five years. Twenty percent of each year's investment gain or loss is added to the Actuarial Value of Assets at the beginning of the year. In no event is the actuarial value of the remaining assets allowed to be greater than 120% or less than 80% of the fair market value of those assets, pursuant to IRS regulations.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

2. **Other Assumptions and Funding Methodology**

a. Sample Valuation Data

We have relied on data supplied by Prudential Investments and Northwest Administrators. The actuarial values for non-retired participants are based on a sample of the employees covered under the Plan, as described in Section H. The actuarial values for records with valid data are adjusted for sampling and incomplete data, and the results are assumed to represent the values of the entire covered group.

b. Past Employment

Total past employment (continuous past employment plus special past employment) for each employee was calculated as the number of years from year of union membership until year of coverage, but not less than the known continuous past employment for the employee.

c. Survivor Benefit Costs

The family composition of covered employees was assumed to be similar to that tabulated in the 15th Actuarial Valuation published by the Railroad Retirement Board. This assumption was used to estimate the probability that an employee will be survived by a beneficiary eligible for a survivor benefit and to establish the probable duration of the benefit.

d. Entry Age Distribution

The entry age distribution used to determine the normal cost was based on the age-at-participation characteristics of employees who have recently become participants. New Non-Seasonal participants were assumed to have accrued 900 covered hours and new Seasonal participants 450 covered hours on their participation date.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION I — ACTUARIAL ASSUMPTIONS: BASIS AND METHODOLOGY
(Continued)

2. **Other Assumptions and Funding Methodology (Continued)**

e. Actuarial Cost Method

The entry age actuarial cost method was used. Under this method, the prospective pension benefits at retirement age are calculated for a cohort of new entrants with entry age characteristics as described above. Level cost factors payable from entry age to retirement are developed based upon the actuarial assumptions. The normal cost per participant is found by applying these level cost factors to the prospective benefits.

The present value of the expected future benefits payable to current Plan members is also calculated. The actuarial liability is the excess of the present value of the future benefits of current Plan members over the present value of future normal costs.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2009

1. Active Participation

Non-Seasonal employees for whom contributions are required to be made to the Trust under the terms of a pension agreement become "Active Participants" on the day on which they first accumulate 750 covered hours in the current and immediately preceding calendar year. Seasonal employees become "Active Participants" if they satisfy one-half of the covered hour requirement of Non-Seasonal employees.

2. Monthly Pension at Normal Retirement

The monthly pension earned for service prior to 1987 is determined based on the 1986 Plan provisions as outlined in the January 1, 1986 Actuarial Report. The final five year average contribution rate used for this determination will recognize contribution rates applicable to all 500 hour years through 1991.

For service after 1986, monthly pension benefits are earned as follows:

| Calendar Year | Contribution Percentage | |
|-----------------|--------------------------|----------------|
| | 1 st 20 years | After 20 years |
| 1987 – 1991 | 2.00% | 2.65% |
| 1992 – 1996 | 2.30% | 3.05% |
| 1997 – 1999 | 2.46% | 3.26% |
| 2000 – 2002 | 2.70% | 3.58% |
| 1/2003 – 6/2003 | 2.20% | 2.92% |
| 7/2003 - 2006 | 1.20% | 1.20% |
| 2007 | 1.65% | 1.65% |
| 2008 | 2.00% | 2.65% |
| 2009 + | 1.20% | 1.20% |

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2009
(Continued)

3. **Past Service Credits**

A participant is granted credit for the number of years and months of specified types of unbroken employment rendered prior to his or her first covered hour, subject to limits specified in the Plan.

4. **Vesting Service**

A Plan member earns a vesting service year for each year after 1975 during which he or she is credited with at least 500 covered hours (250 covered hours for Seasonal Plan members). For service before 1976, a Plan member is credited with a vesting service year for each year of continuous coverage under the Plan.

5. **Normal Retirement Age**

The later of age 65 or an Active participant's age on the second anniversary of his or her first covered hour.

6. **Normal Pension Form**

The Normal Form of pension for unmarried participants is a life pension. In general, married participants who do not elect otherwise receive a reduced Employee and Spouse Pension. This reduced amount is an "actuarial equivalent" of the life pension. Participants who retired under the Employee and Spouse Pension Option will have their pension restored to the amount payable under the Normal Form if the spouse dies first. In the event that the participant dies first, the amount of spouse pension is 66 2/3% of the retiree's pension for those who retired after 1991 with recent coverage; otherwise, the amount of spouse pension is 50% of the retiree's pension. In both instances the actuarial reduction factor for the Employee and Spouse Benefit amount is calculated as though the spouse pension benefit would be 50% of the reduced Employee and Spouse Pension.

7. **Other Pension Forms**

An Optional Employee and Spouse Pension providing a 75% spouse pension is available. Participants retiring under age 65 may elect a Benefit Adjustment Option with or without the regular or Optional Employee and Spouse Pension.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2009
(Continued)

8. **Early Retirement Eligibility Date**

In general, this date is the first day of the month coincident with or immediately following the later of the participant's 55th birthday or the date the individual becomes a vested participant. However, a participant with recent coverage may retire at any age if he or she meets the Rule of 84 (or Rule of 82 or Rule of 80 under a PEER program); that is, the sum of his or her attained age plus years of contributory service is equal to or greater than 84 (or 82 or 80).

9. **Monthly Pension Benefit at Early Retirement for a Participant who has Recent Coverage**

If a participant meets the Rule of 84 and has recent coverage, the monthly pension benefit is reduced by the sum of 0.45% for each of the first 60 months that the early retirement date precedes his or her 62nd birthday and 0.33% for each month that the early retirement date precedes his or her 57th birthday.

If a participant has recent coverage but does not meet the Rule of 84, his or her monthly pension benefit is reduced by the sum of 0.6% for each of the first 60 months that the early retirement date precedes his or her 62nd birthday plus 0.4% for each month that the early retirement date precedes his or her 57th birthday.

10. **Monthly Pension Benefit at Early Retirement for a Participant who has Current PEER Coverage**

If a participant meets the Rule of 84 (or Rule of 82 or Rule of 80), is a member of a bargaining unit which has negotiated PEER 84 (or PEER 82 or PEER 80) contribution surcharges, and has current PEER coverage, the early retirement benefit equals 100% of the earned pension benefits. A participant has current PEER coverage at his or her retirement effective date if the applicable PEER contributions have been paid for at least 1,000 covered hours in the 24 month period immediately preceding his or her retirement effective date.

Note: If a participant is in a category of early retirement where benefits are subsidized (as described in paragraph 1 of Item 9 or in Item 10) and accumulates 25 years of service under the Plan while so covered, then, his or her subsidized early retirement benefits are "locked-in" and cannot be forfeited.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2009
(Continued)

11. **Disability Benefit**

Upon a vested participant's total and permanent disability before age 65, the monthly benefit is the greater of (a) 85% of the earned monthly pension benefit or (b) the early retirement pension otherwise payable, provided the vested participant has met the specified recent coverage requirement on the disability onset date.

12. **Vested Benefit Upon Termination of Employment**

Upon termination of employment, a participant is vested in his or her accrued pension, based on past and future service credits, if he or she has completed at least 5 years of vesting service, one of which was completed during or after 1991.

A terminated vested participant may elect early commencement of the earned retirement benefit at any time on or after the Early Retirement Eligibility Date. If the participant does not have recent coverage and has not "locked-in" rights to unreduced pension benefits by having completed 25 years of Plan service before termination, the benefit is reduced by the sum of 0.6% per month for each of the first 60 months that the early retirement date precedes the participant's 65th birthday plus 0.4% per month for each month that such early retirement date precedes the participant's 60th birthday.

Vested participants who are not covered by the current Plan provisions may be subject to additional limitations on their benefits.

13. **Death Benefits**

Upon the death of a participant or pensioner who has met the specified recent coverage requirement, a temporary monthly pension is payable to the surviving children under conditions specified in the Plan.

A pre-retirement benefit to the surviving spouse is payable upon the death of a vested participant. If a married participant had recent coverage at the time of death, the spouse receives an immediate benefit based on the participant's earned benefit. The earned benefit is reduced to reflect early retirement, as specified in the Plan, and the appropriate Employee and Spouse Pension factor. 66 2/3% of the resulting amount is then payable immediately to the spouse. If the participant does not have recent coverage, the benefit is calculated as described above, but a 50% factor is applied in lieu of the 66 2/3% factor, and, if the participant was not eligible to retire on the date of death, commencement of the pension is deferred until the time the participant would have been first eligible to retire.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2009
(Continued)

13. **Death Benefits (Continued)**

A single sum death benefit equal to 50% of contributions, subject to a maximum of \$10,000, is payable upon the death of an Active or Terminated participant who has completed at least 5 years of vesting service. In addition, for unmarried vested participants who satisfy the recent coverage requirement and would otherwise be eligible to retire, a death benefit of 48 times the participant's accrued pension, reduced to reflect early retirement as specified in the Plan, is payable as a lump sum amount.

Upon the death of a pensioner with a retirement date before January 1, 1992, a single sum benefit of 12 times the monthly normal form pension (life annuity), subject to a maximum of \$10,000, is payable. Beginning with retirements in 1992, beneficiaries of retirees with recent coverage who elect a Life Only or Benefit Adjustment Option (without the Spouse Pension) receive a 4 Year Certain death benefit payment equal to 48 times the pensioner's Life Only benefit amount minus the total monthly payments already received by the pensioner.

If a pensioner retires after January 1, 1992, he or she may elect an Optional Lump Sum Death Benefit equal to 12 times the monthly normal form pension ("Life-only" Pension). The Optional Lump Sum Death Benefit is paid for by reducing the pensioner's monthly payment.

14. **Transition Provisions**

Certain minimum benefits are provided to participants who were covered by prior versions of the Plan.

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|--|--|--|
| A Name of plan <u>WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</u> | B Three-digit plan number (PN) ▶ <u>001</u> | |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES</u> | D Employer Identification Number (EIN) <u>91-6145047</u> | |

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

BLACKROCK INV MGMT, LLC

20-5319476

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

HAMILTON LANE ADVISORS LLC

23-2962336

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

DOVER STREET VII L.P.

74-3234905

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

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

MBSC SECURITIES CORPORATION

13-2641959

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

POMONA MANAGEMENT LLC

13-4149700

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

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

UBS INTERNATIONAL INFRASTRUCTURE

US TAX EXEMPT FUND
299 PARK AVENUE
NEW YORK, NY 10171

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

BLOOMBERG LP

13-3880286

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

CREDIT SIGHTS

34-4137154

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

FT INTERACTIVE DATA

13-2784145

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

ISS INSTITUTIONAL SHAREHOLDER SVCS

05-1541449

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

NYSE INC

20-3783731

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

OPTIONS PRICE REPORTING AUTHORITY

27-1467331

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

STANDARD & POORS

26-3740348

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

SUNGARD-MONIS

11-3159462

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

THOMPSON REUTERS-MARKETS-LLC

51-0404036

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

NED DAVIS RESEARCH-DMR, INC

58-1412594

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

INVESTMENT TECHNOLOGY GROUP

380 MADISON AVENUE
NEW YORK, NY 10017

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

WEEDEN & CO. 145 MASON STREET
GREENWICH, CT 06830

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

ROSENBLATT SECURITIES 20 BROAD STREET, 26TH FLOOR
NEW YORK, NY 10005

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

CAPITAL INST. SVCS INC.-EQUITIES 1601 ELM STREET, STE 3900
DALLAS, TX 75201

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

DEUTSCHE BANK SEC. INC. 60 WALL STREET
NEW YORK, NY 10005

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

BNY CONVERGEX GROUP 1633 BROADWAY, 48TH FLOOR
NEW YORK, NY 10019

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

GUZMAN AND CO. 101 ARAGON AVENUE
CORAL GABLES, FL 33134

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

INSTINET CORP. 1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

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

JEFFERIES AND CO. INC. 520 MADISON AVENUE, 10TH FLOOR
NEW YORK, NY 10022

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

PANTHEON VENTURE INC.

94-3047085

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

PARTNERS GRP MANAGEMENT VI LIMITED

PO BOX 477 TUDOR HOUSE
LE BORDAGE, ST. PETER PORT GY1 6BD GK

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

BARCLAYS PLC

1 CHURCHILL PLACE
LONDON, ENGLAND E14 5HP UK

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

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

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, 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)

NORTHWEST ADMINISTRATORS, INC.

91-0680697

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 12 13 15 50 | NONE | 42300981 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE PRUDENTIAL INS. CO. OF AMERICA

22-1211670

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 13 28 50 51 55 56 | NONE | 38718942 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CAMDEN ASSET MANAGEMENT LP

95-4319164

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 27 51 68 | NONE | 19080484 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SOUTHWEST ADMINISTRATORS, INC.

95-2693467

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 13 50 | NONE | 8799689 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

UBS REALTY INVESTORS, LLC

06-1452020

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 7079392 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MELLON CAPITAL MANAGEMENT

25-1442864

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 5251378 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 21 24 28 34 50 51 | NONE | 4242995 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

INVESCO NATIONAL TRUST COMPANY

84-0591534

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 4217871 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

INDUSTRY FUNDS MANAGEMENT PTY LTD

INDUSTRY FUNDS MANAGEMENT US LLC
7 TIMES SQUARE, 25TH FLOOR
NEW YORK, NY 10036

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 40 52 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 3753709 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TRUCKER HUSS

94-3216063

| (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 50 | NONE | 2731765 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GOLDMAN SACHS ASSET MANAGEMENT, LP

13-3575636

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 2486146 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ORACEL AMERICA, INC.

94-2905249

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 15 50 | NONE | 2367286 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ALAN D. BILLER & ASSOCIATES, INC.

94-2854958

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 27 50 | NONE | 2122120 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

REALTY ASSOCIATES ADVISORS LLC

04-3472698

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 1878978 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

INTECH INVESTMENT MANAGEMENT LLC

01-0614895

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 1483584 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WESTERN ASSET MANAGEMENT COMPANY

385 EAST COLORADO BLVD
PASADENA, CA 91101

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 1222107 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MCGINN ACTUARIES LTD

95-4183698

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 11 17 50 | NONE | 1190142 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BLACKROCK FINANCIAL MANAGEMENT INC.

13-3806691

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 1183134 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

S & A HORN LIMITED

94-3249277

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 22 53 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 122494 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

REID PEDERSEN MCCARTHY & BALLEW LLP

91-0749971

| (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 50 | NONE | 676117 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

JP MORGAN ASSET MANAGEMENT

MAIL CODE NY1-Q270
245 PARK AVENUE 3RD FLOOR
NEW YORK, NY 10167

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 602500 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 19 51 62 99 | NONE | 593529 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SCHRODER INVESTMENT MGMT NORTH AMER

13-4064414

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 68 99 | NONE | 487299 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 12060 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

DODGE & COX

94-1441976

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 456645 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WP GLOBAL PARTNERS INC.

20-2847722

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 27 52 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 2267418 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

BRIDGEWATER ASSOCIATES, INC.

ONE GLENDINNING PLACE
WESTPORT, CT 06880

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 416402 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CENVEO INC.

84-1250534

| (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 50 | NONE | 393345 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AMERICAN LITHOGRAPHERS

21062 FORBES ST
HAYWARD, CA 94545

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 36 49 50 | NONE | 375031 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GRESHAM INVESTMENT MANAGEMENT LLC

20-1930384

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 356727 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 132816 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

FRIX TECHNOLOGIES, LLC

20-5514064

| (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 50 | NONE | 350756 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HANSON BRIDGETT LLP

94-1205338

| (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 50 | NONE | 256675 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

R.L. DODGE CONSULTANT

27-2412312

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 20 50 | EMPLOYER TRUSTEE | 235526 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

COVINGTON & BURLING LLP

53-0188411

| (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 50 | NONE | 226733 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PWI TECHNOLOGIES INC.

91-1870684

| (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 50 | NONE | 223056 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

IMAGENET LLC

47-0885172

| (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 50 | NONE | 187241 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TECHNOLOGY UNLIMITED INC.

91-1232945

| (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 50 | NONE | 184717 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LINDQUIST LLP

52-2385296

| (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 50 | NONE | 174614 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NORTHERN TRUST CORPORATION

36-2723087

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 165417 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

CHUCK MACK & ASSOCIATES

27-0707784

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 20 50 | UNION TRUSTEE | 132433 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MILLIMAN INC.

91-0675641

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 11 50 | NONE | 121978 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

USSI, INC.

DBA UNITY SOFTWARE SYSTEMS
2228 W 1ST STREET
TEMPE, AZ 85281

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 15 50 | NONE | 113895 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WELLS FARGO BANK N.A.

94-1347393

| (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 50 | NONE | 98477 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ROBERT F. MAY CO.

84-0683173

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 13 50 | NONE | 93960 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KAYE-SMITH ENTERPRISES INC.

93-0523003

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 36 50 | NONE | 91151 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ERSKINE & TULLEY

94-1701111

| (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 50 | NONE | 87354 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TRICOR AMERICA, INC.

94-2593523

| (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 50 | NONE | 50708 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LEXISNEXIS

52-1471842

| (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 50 | NONE | 44516 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

W R HUFF ASSET MANAGEMENT CO LLC

13-3245475

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 39052 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

POSTAL SYSTEMS, INC.

94-3196573

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 38 50 | NONE | 38231 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LIGHTHOUSE DOCUMENT TECHNOLOGIES INC

43-1676776

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 36 49 50 | NONE | 36391 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

OSI CONSULTING INC.

95-4844560

| (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 50 | NONE | 36000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AT&T
 PO BOX 13142
 NEWARK, NJ 07101-5642

| (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 50 | NONE | 30508 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

OFFICEMAX INCORPORATED

82-0100960

| (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 50 | NONE | 27122 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KROLL ONTRACK INC.

41-1613148

| (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 50 | NONE | 26048 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

G & H PRINTING CO.

91-0940760

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 36 50 | NONE | 25986 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SERENA SOFTWARE INC.

94-2669809

| (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 50 | NONE | 24237 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CLEMMENT OFFICE PRODUCTS & SERVICES

77-0294789

| (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 50 | NONE | 19503 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GLACIER STENOGRAPHIC REPORTERS INC.

92-0167825

| (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 50 | NONE | 16238 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SERVICE PRINTING CO. INC.

91-0830372

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 36 50 | NONE | 12443 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

UNISYS CORPORATION

38-0387840

| (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 50 | NONE | 11878 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ADVANCED SYSTEM CONCEPTS, INC.

22-2368438

| (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 50 | NONE | 8352 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

DELL MARKETING L.P.

74-2616805

| (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 50 | NONE | 8065 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BMI IMAGING SYSTEMS

94-1612389

| (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 50 | NONE | 6857 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ON-TIME ENVELOPE COMPANY

PO BOX 8385
VAN NUYS, CA 91409-8385

| (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 50 | NONE | 6413 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SUNRISE OFFICE SUPPLIES INC.

PO BOX 1245
AGOURA HILLS, CA 91376-1245

| (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 50 | NONE | 6237 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CANON BUSINESS SOLUTIONS

13-2677004

| (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 50 | 0 | 5868 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

FOX PRINTING CO. INC.

95-2023734

| (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 50 | NONE | 5360 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

COREALPHA PRIVATE EQUITY

PARTNERS II, L.P.
30 S WACKER DRIVE
CHICAGO, IL 60606

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 28 51 | NONE | 448994 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PRUDENTIAL INVESTMENT MGMT INC.

22-2540245

| (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? |
|-------------------------------|--|---|---|---|--|---|
| 55 | NONE | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 15600 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|--|---|
| INDUSTRY FUNDS MANAGEMENT PTY LTD | 28 40 52 | 3753709 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| IFM GLOBAL INFRASTRUCTURE CAYMAN FU INDUSTRY FUNDS MANAGEMENT US LLC 7 TIMES SQUARE 25TH FLOOR NEW YORK, NY 10036 98-0569684 | INVESTMENT MANAGEMENT FEES | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| S & A HORN LIMITED | 22 53 | 63247 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| NATIONAL UNION AIG 13-2592361 | PO BOX 100242 PASADENA, CA 91189-0242 ESTIMATED INSURANCE COMMISSIONS FOR THE CALENDAR YEAR 2009 | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| S & A HORN LIMITED | 22 53 | 22240 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| HARTFORD FINANCIAL PRODUCTS 06-0723273 | C/O BANK OF AMERICA 3793 COLLECTION CENTER DRIVE CHICAGO, IL 60693 ESTIMATED INSURANCE COMMISSIONS FOR THE CALENDAR YEAR 2009 | |

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|--|--|
| S & A HORN LIMITED | 22 53 | 11500 |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> ULICO INSURANCE GROUP PO BOX 223660 PITTSBURG, PA 15251-2660 13-2988846 | <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> ESTIMATED INSURANCE COMMISSIONS FOR THE CALENDAR YEAR 2009 | |
| <p>(a) Enter service provider name as it appears on line 2</p> S & A HORN LIMITED | <p>(b) Service Codes (see instructions)</p> 22 53 | <p>(c) Enter amount of indirect compensation</p> 5722 |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> COOPER & MCCLOSKEY, INC. 111 PINE STREET SAN FRANCISCO, CA 94111 94-3270860 | <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> ESTIMATED INSURANCE COMMISSIONS FOR THE CALENDAR YEAR 2009 | |
| <p>(a) Enter service provider name as it appears on line 2</p> WP GLOBAL PARTNERS INC. | <p>(b) Service Codes (see instructions)</p> 28 52 | <p>(c) Enter amount of indirect compensation</p> 2267418 |
| <p>(d) Enter name and EIN (address) of source of indirect compensation</p> COREALPHA PRIVATE EQUITY PARTNERS II, LP 30 S WACKER DRIVE CHICAGO, IL 60606 | <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> INVESTMENT MANAGEMENT FEES | |

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| GRESHAM INVESTMENT MANAGEMENT LLC | 28 51 | 132816 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| THE ONSHORE GRESHAM A FUND LLC 67 IRVING PLACE, 12TH FLOOR NEW YORK, NY 10003 | ALLOCATION OF MANAGEMENT FEES AND PERFORMANCE FEES | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| PRUDENTIAL INVESTMENT MGMT INC. | 55 | 15600 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| PRUDENTIAL BACHE COMMODITIES LLC ONE NEW YORK PLAZA, 13TH FLOOR NEW YORK, NY 10292-2013 | PIM/PBAM CROSS SELL AGREEMENT | |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| | | |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|--------------------------------------|--|
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
| | | |

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN: |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN; |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | |
|--------------------|---------------------|
| a Name: | b EIN; |
| c Position: | |
| d Address: | e Telephone: |
| | |

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security 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. | OMB No. 1210-0110 2009 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|---|--|------------|
| A Name of plan <u>WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES</u> | D Employer Identification Number (EIN) <u>91-6145047</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV STOCK INDEX FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-010</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3285414780</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV MARKET COMPLETION FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-007</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1097926965</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB INTL EQUITY ALPHA PLUS FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u> | | |
| c EIN-PN <u>25-6078093-137</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1253440834</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GTAA ALPHA OVERLAY INTL EQU</u> | | |
| b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u> | | |
| c EIN-PN <u>32-0181321-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>750315617</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO PREMIA PLUS TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u> | | |
| c EIN-PN <u>26-6399613-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>307775378</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI QM COLLECTIVE D S&P 500 EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u> | | |
| c EIN-PN <u>45-6138589-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1280306955</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI QM COLLECTIVE EXT EQUITY MRKT</u> | | |
| b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, N.A.</u> | | |
| c EIN-PN <u>45-6138589-052</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>660687018</u> |

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

| | | |
|---|------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INV FUND | | |
| b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A. | | |
| c EIN-PN 45-6138589-084 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55872 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO NA | | |
| c EIN-PN 94-6450621-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1290428 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED EMPLOYEE DAILY LIQUIDITY FD | | |
| b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON | | |
| c EIN-PN 04-6388516-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254961328 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 ALPHA TILTS FUND | | |
| b Name of sponsor of entity listed in (a): BARCLAYS GLOBAL INVESTORS, N.A. | | |
| c EIN-PN 94-3127869-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ALL WEATHER PORTFOLIO LIMITED | | |
| b Name of sponsor of entity listed in (a): ALL WEATHER PORTFOLIO LIMITED | | |
| c EIN-PN 98-0501379-001 | d Entity code E | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 263029393 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPORARY INVESTMENT ACCOUNT | | |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO. OF AMERICA | | |
| c EIN-PN 22-1211670-044 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382100426 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: UMA | | |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO. OF AMERICA | | |
| c EIN-PN 22-1211670-040 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105068332 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA | | |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO. OF AMERICA | | |
| c EIN-PN 22-1211670-038 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 343934607 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II | | |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO. OF AMERICA | | |
| c EIN-PN 22-1211670-039 | d Entity code P | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 302978010 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

**SCHEDULE G
(Form 5500)**

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning **01/01/2009** and ending **12/31/2009**

| | | | |
|---|--|--|-----|
| A Name of plan: WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN | | B Three-digit plan number (PN) ► | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES | | D Employer Identification Number (EIN): 91-6145047 | |

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|--|--|
| <input type="checkbox"/> | MALVERN HILLS MEZZANINE DEBT 123 ANYTOWN USA MALVERN, PA 15258 | LOAN FUNDED ON 11.29.02 TOTAL LOAN BALANCE OUTSTANDING AS OF 12.31.09 LOAN POSITION WRITTEN DOWN TO \$9.7M |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 18100000 | 0 | 0 | 18100000 | 18100000 | 14135606 |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|---|--|
| <input type="checkbox"/> | BRIDGEVIEW MEZZANINE DEBT. 123 ANYTOWN USA BRIDGEPORT, PA 15258 | LOAN FUNDED ON 11.30.05 TOTAL LOAN BALANCE OUTSTANDING AS OF 12.31.09 LOAN POSITION WRITTEN DOWN TO ZERO |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 6900000 | 0 | 0 | 6900000 | 6900000 | 3803461 |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|---|--|
| <input type="checkbox"/> | 100 CHURCH STREET MEZZANINE DEBT 123 ANYTOWN USA NEW YORK, NY 10022 | LOAN FUNDED ON 09.24.07 TOTAL LOAN BALANCE OUTSTANDING AS OF 12.31.09 LOAN POSITION WRITTEN DOWN TO ZERO |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 24081444 | 0 | 560412 | 24081444 | 24081444 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 6.25 09.26.2014 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 5840000 | 0 | 181040 | 276589 | 0 | 276589 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 5.75 05.17.2013 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 3955000 | 0 | 113706 | 141501 | 0 | 141501 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 3.95 11.10.2009 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1890000 | 0 | 37328 | 47903 | 0 | 47903 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 6.25 09.26.2014 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1155000 | 0 | 35805 | 54702 | 0 | 54702 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 7.00 09.27.2027 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1465000 | 0 | 51560 | 78053 | 0 | 78053 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 6.25 09.26.2014 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | | |
|------------|-------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | | |
| (d) | Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | 370000 | 0 | 11470 | 17523 | 0 | 17523 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 5.75 05.17.2013 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | | |
|------------|-------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | | |
| (d) | Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | 245000 | 0 | 7044 | 8765 | 0 | 8765 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 3.95 11.10.2009 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | | |
|------------|-------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | | |
| (d) | Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | 360000 | 0 | 7110 | 9125 | 0 | 9125 |

| | | |
|--------------------------|---|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | KAUPTHING BANK 7.125 05.15.2019 BORGARTUN 19 REYKJAVIK, IS 105 IC | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL AFTER THE RESIGNATION OF THE ENTIRE BOARD OF DIRECTORS |

| | | | | | | |
|------------|-------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | | |
| (d) | Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | 11225000 | 0 | 0 | 0 | 0 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 7.00 09.27.2027 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | | | | | |
|------------|-------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| | | Amount received during reporting year | | Amount overdue | | |
| (d) | Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | 1050000 | 0 | 36954 | 55941 | 0 | 55941 |

| | | | | | |
|------------------------------------|--|---------------------------------------|---|----------------------|---------------------|
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 5.50 04.04.2016 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 3165000 | 0 | 87038 | 129107 | 0 | 129107 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS INC. 5.25 02.06.2012 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 3470000 | 0 | 182175 | 73376 | 0 | 73376 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | GLITNIR BANKI HFNOTE 6.693 6.15.16 SOLTUN 26 REYKJAVIK, IS 105 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL ON 10.07.2008 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1340000 | 0 | 0 | 1340000 | 1340000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | KAUPTHING BANK BONDS 7.125 05.19.16 BORTGARTUN 19 REYKJAVIK, IS 105 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL AFTER THE RESIGNATION OF THE ENTIRE BOARD OF DIRECTORS | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 3490000 | 0 | 0 | 3490000 | 3490000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | MOTORS LIQUIDATION CO. 8.375 07.05.2033 200 RENAISSANCE CENTER DETROIT, MI 48243-1312 | | COMPANY FILED CHAPTER 11 IN JUNE 2, 2009. | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1130000 | 0 | 0 | 1130000 | 1130000 | 0 |

| | | | | | |
|------------------------------------|--|---------------------------------------|---|----------------------|---------------------|
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | KAUPTHING BANK NOTES 5.75 10.04.11 BORGARTUN 19 REYKJAVIK, IS 105 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL AFTER THE RESIGNATION OF THE ENTIRE BOARD OF DIRECTORS | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 230000 | 0 | 0 | 230000 | 230000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDING SRNOTE 5.25 02.06.2012 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 430000 | 0 | 0 | 430000 | 430000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | GENERAL MOTORS CORP. DEB 8.375 07.15.2033 200 RENAISSANCE CENTER DETROIT, MI 48243-1312 | | COMPANY FILED CHAPTER 11 IN JUNE 2, 2009 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1200000 | 0 | 0 | 1200000 | 1200000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROS CAP TR VII NOTE 5.85 12.31.2049 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 900000 | 0 | 0 | 900000 | 900000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | KAUPTHING BANK HF, 0.00 01.15.11 BORGARTUN 19 REYKJAVIK, IS 105 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL AFTER THE RESIGNATION OF THE ENTIRE BOARD OF DIRECTORS | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1320000 | 0 | 0 | 1320000 | 1320000 | 0 |

| | | | | | |
|------------------------------------|--|---------------------------------------|---|----------------------|---------------------|
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | STATION CASINOS SR NOTE 7.75 08.15.2016 2411 WEST SAHARA AVENUE LAS VEGAS, NV 89102 | | FILED FOR CHAPER 11 BANKRUPTCY REORGANIZATION IN JULY 2009 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 515000 | 0 | 0 | 515000 | 515000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS 6.75 12.28.2017 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 3710000 | 0 | 0 | 3710000 | 3710000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LANDSBANKI ISLANDS HF 6.10 08.25.11 HAFNARSTRAETI 5 REYKJAVIK, IS 155 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL ON OCTOBER 7, 2008 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 1890000 | 0 | 0 | 1890000 | 1890000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | GLITNIR BANKI NOTES 6.33 07.28.11 SOLTUN 26 REYKJAVIK, IS 105 IC | | ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL ON OCTOBER 7, 2008 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 670000 | 0 | 0 | 670000 | 670000 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROS E-CAP TRST I NOTES 0.00 08.19.2065 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 820000 | 0 | 0 | 820000 | 820000 | 0 |

| | | | | | |
|------------------------------------|--|---------------------------------------|---|----------------------|---------------------|
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS 7.25 CV PFD P 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 9117879 | 0 | 0 | 9117879 | 9117879 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS 8.75 CV PFD Q 745 7TH AVENUE NEW YORK, NY 10019 | | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 10074900 | 0 | 0 | 10074900 | 10074900 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | BANKUNITED FIN CV 6.37 051712 REG 255 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-7407 | | COMPANY FILED CHAPTER 11 IN MAY 22, 2009. SECURITY IS BEING MARKED BY THE BROKERS. | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 14458733 | 0 | 0 | 14458733 | 14458733 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | GENERAL MOTORS CORP 6.25 CV PFD C 200 RENAISSANCE CENTER DETROIT, MI 48243-1312 | | COMPANY FILED CHAPTER 11 IN JUNE 2, 2009 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 27011824 | 0 | 0 | 27011824 | 27011824 | 0 |
| (a) | (b) Identity and address of obligor | | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items | | |
| <input type="checkbox"/> | GENERAL MOTORS CORP 7.25 PFD 200 RENAISSANCE CENTER DETROIT, MI 48243-1312 | | COMPANY FILED CHAPTER 11 IN JUNE 2, 2009 | | |
| | | Amount received during reporting year | | Amount overdue | |
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 438238 | 0 | 0 | 438238 | 438238 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | KAUPTHING BANK HF. BORGARTUN 19 REYKJAVIK, IS 105 IC | ON JUNE 30, 2009, THE WINDING-UP COMMITTEE INVITED ALL PARTIES TO SUBMIT CLAIMS BY DEC. 31, 2009 |

| | | Amount received during reporting year | | Amount overdue | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 11225000 | 0 | 0 | 11225000 | 11225000 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | Amount received during reporting year | | Amount overdue | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 2475000 | 0 | 0 | 2475000 | 2475000 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS 745 7TH AVENUE NEW YORK, NY 10019 | COMPANY FILED CHAPTER 11 IN SEPT. 2008. SECURITY MARKED DOWN TO ZERO |

| | | Amount received during reporting year | | Amount overdue | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| 340000 | 0 | 0 | 340000 | 340000 | 0 |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | | Amount received during reporting year | | Amount overdue | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | | Amount received during reporting year | | Amount overdue | |
|------------------------------------|----------------------|---------------------------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

**Western Conference of Teamsters Pension Plan
Financial Transaction Schedule
Form 5500 - Schedule G - Part I
Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**

December 31, 2009
 EIN: 91-6145047
 Plan Number: 001

| (a) Identity and address of obligor | (b) Detailed description of loan | (c) Original par of fixed income obligations | (d) Amount received during reporting year | (e) Unpaid balance at end of year | (f) Principal | (g) Interest | (h) Amount overdue |
|--|---|---|--|--------------------------------------|------------------|-----------------|-----------------------|
| (a) Malvern Hills Mezzanine Debt Malvern, PA | (b) (c) The loan is a mezzanine investment on a 68-acre mixed use development site in Malvern, PA. WCOT initially funded the loan on 11-29-02 and the total loan principal balance outstanding at 12-31-09 was \$18,100,000. The current interest rate at 12-31-09 was 18% per annum. The final maturity date for the mezzanine position was June 2009. The borrower is in default on both the mezzanine position as well as the senior loan position. Based on the appraised value of the underlying collateral, the loan position has been written down to \$9.7M on the financial statements. The senior lender is suing the borrower for his personal guarantee on the senior loan. WCOT is awaiting the outcome of the lawsuit in order to determine how to restructure the mezzanine loan position. | \$ 18,100,000 | \$ - | \$ 18,100,000 | \$ 18,100,000 | \$ - | \$ 14,135,606 |
| (a) Bridgeview Mezzanine Debt Bridgeport, PA | (b) (c) The loan is a mezzanine investment related to residential development site in Bridgeport, PA. WCOT initially funded the loan on 11-30-05 and the total loan principal balance outstanding at 12-31-09 was \$6,900,000. The current interest rate at 12-31-09 was 15% per annum. The final maturity date for the mezzanine position was Dec 2008. An extension on the loan was being negotiated in early 2009, but the negotiations fell through. The borrower is in default on both the mezzanine position as well as the senior loan position. Based on the appraised value of the underlying collateral, the loan position has been written down to zero on the financial statements. The senior lender is trying to sell the senior note out on the market. WCOT is pursuing to purchase the senior note at a discount. Currently negotiating a purchase price with the senior lender. | \$ 6,900,000 | \$ - | \$ 6,900,000 | \$ 6,900,000 | \$ - | \$ 3,803,461 |
| (a) 100 Church Street Mezzanine Debt New York, NY | (b) (c) The loan was a third level mezzanine investment related to a 1,033,308 sq ft Manhattan office building. WCOT initially funded the loan on 09-24-07 and the total loan principal balance outstanding at 12-31-09 was \$24,081,444. The current interest rate at 12-31-09 was LIBOR plus 400bps per annum. The maturity date for the mezzanine position was August 2009. Based on the appraised value of the underlying collateral, the third level mezzanine position had been written down to zero on the financial statements. | \$ 24,081,444 | \$ - | \$ 24,081,444 | \$ 24,081,444 | \$ 560,412 | \$ - |
| (a) Lehman Brothers Holdings, Inc., 745 7th Avenue New York, NY 10019 | (b) (c) SL Green Realty Corp, holders of other mezzanine positions within the 100 Church mezzanine financing, foreclosed on the 100 Church Office complex and WCOT waived its rights to pursue any further action. The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | \$ 5,840,000 | \$ - | \$ 276,589 | \$ - | \$ 181,040 | \$ 276,589 |

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December 31, 2009
EIN: 91-6145047
Plan Number: 001

| (a) Identity and address of obligor | (b) Interest rate and maturity date | (c) Detailed description of loan | (d) Original par of fixed income obligations | (e) Amount received during reporting year | (f) Interest received during reporting year | (g) Unpaid balance at end of year | (h) Principal | (i) Amount overdue Interest |
|---|--|--|---|--|--|--------------------------------------|------------------|--------------------------------|
| Lehman Brothers Holdings, Inc., 5.75%, 5/17/2013 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 3,955,000 \$ | - | 113,706 \$ | 141,501 \$ | - | 141,501 \$ |
| Lehman Brothers Holdings, Inc., 3.95%, 11/10/2009 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 1,890,000 | - | 37,328 | 47,903 | - | 47,903 |
| Lehman Brothers Holdings, Inc., 6.25%, 9/26/2014 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 1,155,000 | - | 35,805 | 54,702 | - | 54,702 |
| Lehman Brothers Holdings, Inc., 7.00%, 9/27/2027 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 1,465,000 | - | 51,560 | 78,053 | - | 78,053 |
| Lehman Brothers Holdings, Inc., 6.25%, 9/26/2014 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 370,000 | - | 11,470 | 17,523 | - | 17,523 |
| Lehman Brothers Holdings, Inc., 5.75%, 5/17/2013 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 245,000 | - | 7,044 | 8,765 | - | 8,765 |
| Lehman Brothers Holdings, Inc., 3.95%, 11/10/2009 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 360,000 | - | 7,110 | 9,125 | - | 9,125 |
| Kaupthing Bank, 7.125%, 5/16/2019 Borgartun 19 105 Keykjavik, Iceland | | The Icelandic Financial Supervisory took control of Kaupthing after the resignation of the entire board of directors which came about when the UK transferred control of the business of its internet bank to ING Direct and put Kaupthing's UK operations into administration, placing Kaupthing in technical default according to loan agreements. | 11,225,000 | - | - | 0 | - | - |
| Lehman Brothers Holdings, Inc., 7.00%, 9/27/2027 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 1,050,000 | - | 36,954 | 55,941 | - | 55,941 |
| Lehman Brothers Holdings, Inc., 5.50%, 4/4/2016 745 7th Avenue New York, NY 10019 | | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 3,165,000 | - | 87,038 | 129,107 | - | 129,107 |

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Form S500 - Schedule G - Part I
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December 31, 2009
EIN: 91-6145047
Plan Number: 001**

| (a) Identity and address of obligor | (b) Detailed description of loan | (c) Original par of fixed income obligations | (d) Amount received during reporting year | | (e) Unpaid balance at end of year | (f) Amount overdue | |
|---|--|---|--|------------|--------------------------------------|-----------------------|-----------|
| | | | Principal | Interest | | Principal | Interest |
| Lehman Brothers Holdings, Inc., 5.25%, 2/6/2012 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | \$ 3,470,000 | \$ - | \$ 182,175 | \$ 73,376 | \$ - | \$ 73,376 |
| Glimir Banki HF NOTE, 6.693%, 6/15/2016 Soltun 26 IS-105 Reykjavik, Iceland | On October 7, 2008, the Icelandic Financial Supervisory Authority took control of Glimir Banki. | 1,340,000 | - | - | 1,340,000 | - | 1,340,000 |
| Kaupthing Bank Bonds, 7.125%, 5/19/2016 Borgartun 19 105 Reykjavik, Iceland | The Icelandic Financial Supervisory took control of Kaupthing after the resignation of the entire board of directors which came about when the UK transferred control of the business of its internet bank to ING Direct and put Kaupthing's UK operations into administration, placing Kaupthing in technical default according to loan agreements. | 3,490,000 | - | - | 3,490,000 | - | 3,490,000 |
| Motors Liquidation Company, 8.375%, 7/5/2033 200 Renaissance Center Detroit, MI 48243-1312 | The Company filed Chapter 11 bankruptcy in June 2, 2009. All bond claims from General Motors were moved to Motors Liquidation Corp. which is going through its own Chapter 11 reorganization and a Plan for Reorganization is due as early as 2011. | 1,130,000 | - | - | 1,130,000 | - | 1,130,000 |
| Kaupthing Bank Notes, 5.75%, 10/4/2011 Borgartun 19 105 Reykjavik, Iceland | The Icelandic Financial Supervisory took control of Kaupthing after the resignation of the entire board of directors which came about when the UK transferred control of the business of its internet bank to ING Direct and put Kaupthing's UK operations into administration, placing Kaupthing in technical default according to loan agreements. | 230,000 | - | - | 230,000 | - | 230,000 |
| Lehman Brothers Holding Sr. Notes, 5.25%, 2/6/2012 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 430,000 | - | - | 430,000 | - | 430,000 |
| General Motors Corporation Deb. 8.375%, 7/15/2033 200 Renaissance Center Detroit, MI 48243-1312 | The Company filed Chapter 11 bankruptcy in June 2, 2009. All bond claims have been moved to Motors Liquidation Corp. which is going through its own Chapter 11 reorganization and a Plan for Reorganization is due as early as 2011. | 1,200,000 | - | - | 1,200,000 | - | 1,200,000 |
| Lehman Bros Cap Tr VII Note, 5.857%, 12/31/2049 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 900,000 | - | - | 900,000 | - | 900,000 |
| Kaupthing Bank HF, 0.00%, 1/15/2011 Borgartun 19 105 Reykjavik, Iceland | The Icelandic Financial Supervisory took control of Kaupthing after the resignation of the entire board of directors which came about when the UK transferred control of the business of its internet bank to ING Direct and put Kaupthing's UK operations into administration, placing Kaupthing in technical default according to loan agreements. | 1,320,000 | - | - | 1,320,000 | - | 1,320,000 |
| Station Casinos Sr Note, 7.75%, 8/15/2016 2411 West Sahara Avenue Las Vegas, NV 89102 | Station Casinos filed for Chapter 11 bankruptcy reorganization in July, 2009. On August 27, 2010, the US Bankruptcy Court confirmed the Company's plan for reorganization. | 515,000 | - | - | 515,000 | - | 515,000 |

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December 31, 2009
EIN: 91-6145047
Plan Number: 001

| (a) Identity and address of obligor | (b) Detailed description of loan | (c) Original par of fixed income obligations | Amount received during reporting year | | Unpaid balance at end of year | Amount overdue | |
|---|--|---|---------------------------------------|----------|-------------------------------|----------------|----------|
| | | | Principal | Interest | | Principal | Interest |
| | | (d) | (e) | (f) | (g) | (h) | (i) |
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| (a) Lehman Brothers Holdings, 6.75%, 12/28/2017 745 7th Avenue New York, NY 10019 | (b) The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | (d) 3,710,000 | (e) - | (f) - | (g) 3,710,000 | (h) 3,710,000 | (i) - |
| Landsbanki Islands HF, 6.10%, 8/25/2011 Hafnarstraeti 5 IS-155 Reykjavik, Iceland | On October 7, 2008, the Icelandic Financial Supervisory Authority took control of Landsbanki. Under the Landsbanki Freezing Order 2008, passed on October 8, 2008, Her Majesty's Treasury (UK) froze the assets of Landsbanki in the UK and assets belonging to the Central Bank of Iceland, and the Government of Iceland relating to Landsbanki. | 1,890,000 | - | - | 1,890,000 | 1,890,000 | - |
| Glitnir Banki; Notes, 6.33%, 7/28/2011 Softun 26 IS-105 Reykjavik, Iceland | On October 7, 2008, the Icelandic Financial Supervisory Authority took control of Glitnir Banki. | 670,000 | - | - | 670,000 | 670,000 | - |
| Lehman Bros E-CAP Trst I Notes, 0.00%, 8/19/2065 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 820,000 | - | - | 820,000 | 820,000 | - |
| Lehman Brothers Holdings 7.25% Cv Pfd P 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 9,117,879 | - | - | 9,117,879 | 9,117,879 | - |
| Lehman Brothers Holdings 8.75% Cv Pfd Q 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 10,074,900 | - | - | 10,074,900 | 10,074,900 | - |
| Bank United Fin Cv 6.37% 051712 Reg 255 Alhambra Circle Coral Gables, FL 33134-7407 | The Company filed Chapter 11 bankruptcy in May 22, 2009. This security is being marked by the brokers. | 14,458,733 | - | - | 14,458,733 | 14,458,733 | - |
| General Motors Corp 6.25% Cv Pfd C 200 Renaissance Center Detroit, MI 48243-1312 | The Company filed Chapter 11 bankruptcy in June 2, 2009. All bond claims have been moved to Motors Liquidation Corp, which is going through its own Chapter 11 reorganization and a Plan for Reorganization is due as early as 2011. | 27,011,824 | - | - | 27,011,824 | 27,011,824 | - |
| General Motors Corp 7.25% Pfd 200 Renaissance Center Detroit, MI 48243-1312 | The Company filed Chapter 11 bankruptcy in June 2, 2009. All bond claims have been moved to Motors Liquidation Corp, which is going through its own Chapter 11 reorganization and a Plan for Reorganization is due as early as 2011. | 438,238 | - | - | 438,238 | 438,238 | - |
| Kaupthing Bank hf. Borgartun 19 105 Reykjavik, Iceland | On June 30, 2009, the Winding-Up Committee of Kaupthing Bank hf. invited all parties claiming debts to submit their claims in writing to the Winding-up Committee by no later than December 31, 2009 | 11,225,000 | - | - | 11,225,000 | 11,225,000 | - |

Western Conference of Teamsters Pension Plan
Financial Transaction Schedule
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 December 31, 2009
 EIN: 91-6145047
 Plan Number: 001

| (a) Identity and address of obligor | (b) Detailed description of loan | (c) Original par of fixed income obligations | (d) Amount received during reporting year | (e) Unpaid balance at end of year | (f) Principal | (g) Amount overdue | (h) Interest |
|--|---|---|--|--------------------------------------|------------------|-----------------------|-----------------|
| (a) Lehman Brothers Holdings 745 7th Avenue New York, NY 10019 | (b) The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | (c) \$ 2,475,000 | (d) \$ - | (e) \$ 2,475,000 | (f) \$ 2,475,000 | (g) \$ - | (h) \$ - |
| Lehman Brothers Holdings 745 7th Avenue New York, NY 10019 | The Company filed Chapter 11 bankruptcy in September 2008. This security has been marked close to zero pending any future resolution and possible recovery from the bankruptcy court. | 340,000 | - | 340,000 | 340,000 | - | - |
| TOTALS | | \$ 176,058,017 | \$ - | \$ 142,760,602 | \$ 141,868,017 | \$ 18,831,652 | - |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | ALAMOWING | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 5040 |
| <input type="checkbox"/> | BEST BUY | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 135647 |
| <input type="checkbox"/> | CATO | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 9940 |
| <input type="checkbox"/> | CITY OF SAN ANTONIO | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1658 |
| <input type="checkbox"/> | DANAH ZAPATA | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 3189 |
| <input type="checkbox"/> | D WYNN AND P WEIR | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 3898 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | DIABETES AMERICA | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 26772 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | DOS GATOS, LTD | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 83890 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | EMERGENCY PET CENTER | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 3512 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | VISIONARY PROPERTIES | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 1703 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FAMILY CHRISTIAN | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 2650 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FERNANDO ARREOLA | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 2955 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | FIRST AMERICAN TITLE | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1318 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | HANCOCK FABRICS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1101 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | LAURA GARCIA | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 3825 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | SANS LITES | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 39417 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | LCM VENTURES | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 2381 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | LYNN AND TAYLOR | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 6873 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | SOFIA AGUILAR | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 6476 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | UNITED FASHIONS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 5548 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | NEW CINGULAR WIRELESS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1060 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | OFFICE DEPOT | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 68903 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | PRO MATTRESS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1783 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | S.TEXAS BLOOD-TISSUE | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1295 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | STARBUCKS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 1275 | |
| <input type="checkbox"/> | SUPERIOR SUPPLEMENTS | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| 0 | 0 | 0 | 0 | 0 | 8379 | |
| <input type="checkbox"/> | SHERWIN WILLIAMS CO. | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| 0 | 0 | 0 | 0 | 0 | 26810 | |
| <input type="checkbox"/> | THE SHOE SHOW | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| 0 | 0 | 0 | 0 | 0 | 1709 | |
| <input type="checkbox"/> | JP MORGAN CHASE BANK | RETAIL TENANT | SHOPPING CENTER LOCATED ON SE MILITARY IN SAN ANTONIO, TX PURCHASED IN MARCH 2006 | | | |
| 0 | 0 | 0 | 0 | 0 | 1752 | |
| <input type="checkbox"/> | ALBERTSONS | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 FUNDS COLLECTED IN JANUARY. | | | |
| 0 | 0 | 322320 | 400036 | 0 | 125492 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | GOLDEN BAKED HAM | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 FUNDS COLLECTED IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 57637 | 13254 | 0 | 30688 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | TWEETER | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT DECLARED BANKRUPTCY | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 19370 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | BAJA FRESH | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 PURSUING COLLECTION THROUGH COURT | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 51052 | 8059 | 0 | 10384 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | SYLVAN LEARNING CNTR | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT PAID BALANCE IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 78391 | 23154 | 0 | 4596 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | SANTA FE CAFE | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT PAID BALANCE IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 62109 | 15738 | 0 | 4492 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | RITZ CAMERA | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 PURSUING COLLECTION THROUGH COURT | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 12161 | 1879 | 0 | 2913 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | JUICE N JAVA | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT IS ON A PAYMENT PLAN | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 27715 | 7653 | 0 | 2706 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | FRONTIER CLEANERS | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT CAME CURRENT IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 56382 | 13487 | 0 | 2355 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | TOTAL WOMAN GYM | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT CAME CURRENT IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 97500 | 35208 | 0 | 868 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | DAPHNE'S GREEK CAFE | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 PURSUING COLLECTION THROUGH COURT | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 47510 | 18195 | 0 | 508 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | KAITO RESTAURANT | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT CAME CURRENT IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 37192 | 7502 | 0 | 113 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | COASTAL EMPIRE MRTGG | RETAIL TENANT | SHOPPING CENTER IN SAN DIEGO CA PURCHASED ON OCTOBER 30, 2006 TENANT PAID BALANCE IN 2010 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 13162 | 0 | 0 | 9 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | VIDEO FACTORY | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 85764 | 20945 | 0 | 8831 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | MAKATI CHIROPRACTIC | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON 10.30.06. BALANCE THROUGH 12.31.09 PAID OFF | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 29340 | 9001 | 0 | 6430 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FAIRMOUNT BUS. MAIL CTR | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 TENANT IS IN A PAYMENT PLAN | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 29888 | 7801 | 0 | 6289 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FAIRMONT | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 TENANT PAID BALANCE IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 4050 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FAIRMONT CLEANERS | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 TENANT PAID BALANCE IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 69180 | 18080 | 0 | 1211 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | DOLLAR TREE | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 BALANCE HAS BEEN PAID IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 146160 | 61999 | 0 | 111 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | NSC SERVICE CORP. | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 BALANCE PAID IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 228 | 0 | 19 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | ALBERTSONS | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 336000 | 178679 | 0 | 84452 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | THE LONDONER PUB | RETAIL TENANT | SHOPPING CENTER IN PACIFICA CA PURCHASED ON OCTOBER 30, 2006 BALANCE PAID BY LEGAL COLLECTION | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 32949 | 4142 | 0 | 28447 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | OFFICEMAX | RETAIL TENANT | SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 450000 | 172513 | 0 | 43495 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | PETCO | RETAIL TENANT | SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 242320 | 106431 | 0 | 24296 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | DRESS BARN | RETAIL TENANT | SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 209300 | 90315 | 0 | 21056 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | HOLLYWOOD VIDEO | RETAIL TENANT | SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON OCTOBER 30, 2006 PURSUING COLLECTION THROUGH COURT | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 10248 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | THE MAYAN GRILL | RETAIL TENANT | SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON OCTOBER 30, 2006 BEING HANDLED BY LEGAL COLLECTION | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 56220 | 11304 | 0 | 9685 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | GODFATHER'S PIZZA | RETAIL TENANT | SHOPPING CENTER IN TURLOCK, CA PURCHASED ON OCTOBER 30, 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 50180 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | DECHINA 1 BUFFET, INC. | RETAIL TENANT | SHOPPING CENTER IN TURLOCK, CA PURCHASED ON OCTOBER 30, 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 147807 | 83052 | 0 | 26173 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | HARRISON JEWELERS | RETAIL TENANT | SHOPPING CENTER IN TURLOCK, CA PURCHASED ON OCTOBER 30, 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 59755 | 5610 | 0 | 23751 |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | BELLA NAILS | RETAIL TENANT | SHOPPING CENTER IN TURLOCK, CA PURCHASED ON OCTOBER 30, 2006 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 31216 | 9354 | 0 | 7682 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | GODFATHER'S PIZZA | RETAIL TENANT | SHOPPING CENTER IN RENO, NV PURCHASED ON OCTOBER 30, 2006 TENANT DECLARED BANKRUPTCY | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 41040 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | FRANCIS' ASIAN BISTRO | RETAIL TENANT | SHOPPING CENTER IN RENO, NV PURCHASED ON OCTOBER 30, 2006 PYMNT PLAN HAS BEEN NEGOTIATED | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 68566 | 29827 | 0 | 13315 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | Z PIZZA | RETAIL TENANT | SHOPPING CENTER IN RENO, NV PURCHASED ON OCTOBER 30, 2006 LEGAL COLLECTION PURSUING PAYMENT | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 22416 | 10301 | 0 | 12041 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | SAFEWAY | RETAIL TENANT | SHOPPING CENTER IN PORTLAND, OR PURCHASED ON OCTOBER 30, 2006 ALL BY \$1K HAS BEEN PAID | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 219780 | 204424 | 0 | 58971 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | WAN Q | RETAIL TENANT | SHOPPING CENTER IN PORTLAND, OR PURCHASED ON OCTOBER 30, 2006 TENANT IS ON A PAYMENT PLAN | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 141021 | 39833 | 0 | 12282 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | SHARI'S | RETAIL TENANT | SHOPPING CENTER IN PORTLAND, OR PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 102547 | 25025 | 0 | 11301 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | TOP FOODS | RETAIL TENANT | SHOPPING CENTER IN TACOMA, WA PURCHASED ON OCTOBER 30, 2006 ACCOUNT BECAME CURRENT IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 109054 | 0 | 19748 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | CA DEPT OF GENERAL SVC | OFFICE TENANT | OFFICE BUILDING IN RANCHO CUCAMONGA, CA PURCHASED FEB. 2008 BALANCE WAS PAID IN JANUARY 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 319644 | 0 | 0 | 29822 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | CA DEPT OF CORRECTION | OFFICE TENANT | OFFICE BUILDING IN RANCHO CUCAMONGA, CA PURCHASED FEB. 2008 BALANCE WAS PAID IN JANUARY 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 119040 | 0 | 0 | 10049 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | CA PERSONNEL BOARD | OFFICE TENANT | OFFICE BUILDING IN RANCHO CUCAMONGA, CA PURCHASED FEB. 2008 BALANCE WAS PAID IN JANUARY 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 11816 | 0 | 0 | 11816 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | CA PLASTIC SURGERY | OFFICE TENANT | OFFICE BUILDING IN ONTARIO, CA PURCHASED IN FEBRUARY, 2008 LEGAL COLLECTION PURSUED IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 70225 | 8875 | 0 | 22653 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | TSA | OFFICE TENANT | OFFICE BUILDING IN ONTARIO, CA PURCHASED IN FEBRUARY, 2008 COLLECTION EFFORTS CONT. IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 399973 | 0 | 0 | 99466 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | SUN MICROSYSTEMS, INC. | OFFICE TENANT | OFFICE BUILDING IN ONTARIO, CA PURCHASED IN FEBRUARY, 2008 TENANT PAID IN MARCH 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 3079 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | DEPT FED TRANSPORT. | OFFICE TENANT | OFFICE BUILDING IN ONTARIO, CA PURCHASED IN FEBRUARY, 2008 COLLECTION EFFORTS CONTINUE IN 2010 | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 209739 | 17121 | 0 | 128080 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | CLEAN UP NICE | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 42994 | 44974 | 0 | 5887 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | TOPS MENS FASHIONS | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 46494 | 21429 | 0 | 24956 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | THE VAULT | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 106587 | 7875 | 0 | 25871 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | TREND SHOES | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 90299 | 33709 | 0 | 26423 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | IMPULSE | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 279362 | 97358 | 0 | 45470 |
| <input type="checkbox"/> | EATZA PIZZA | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 203703 | 137050 | 0 | 22500 |
| <input type="checkbox"/> | SASSY | RETAIL RENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 211162 | 106081 | 0 | 47257 |
| <input type="checkbox"/> | ASHLEY STEWART | RETAIL TENANT | SHOPPING CENTER IN SACRAMENTO, CA PURCHASED IN JUNE 2009 WORKING WITH TENANT DEFERMENT/REPAY | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 627479 | 82729 | 0 | 6606 |
| <input type="checkbox"/> | AIR BROKERS INTRNAT'L | COMMERCIAL TENANT | TENANT MOVED IN 2002 SHORT PAYING RENT BY 40% SINCE 08.09. MOVED TO SMALLER SPACE AMORTIZE BACK RENT | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 84842 | 0 | 64952 | 19890 |
| <input type="checkbox"/> | NORTH HILL CLEANERS | RETAIL TENANT | SHOPPING CENTER IN CORAL SPRINGS FL PURCHASED ON 08.30.07. CURRENTLY NEGOTIATING A REPAYMENT PLAN | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 11209 |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|--|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | KIM'S NAIL AND HAIR | RETAIL TENANT | SHOPPING CENTER IN CORAL SPRINGS FL PURCHASED ON 08.30.07. CURRENTLY NEGOTIATING A REPAYMENT PLAN | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 14437 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | POSTAL WORLD | RETAIL TENANT-VACATED | VACATED ON 02.28.09 PRIOR TO LEASE EXPIRATION OF 06.30.09. SEEKING DAMAGES FROM TENANT & GAURANTOR | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 25478 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | MERIC HOMES LLC | RETAIL TENANT | SHOPPING CENTER IN CORAL SPRINGS FL PURCHASED ON 08.30.07. CURRENTLY NEGOTIATING A REPAYMENT PLAN | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 16406 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | C C AND J FOOD | RETAIL TENANT | TENANT SIGNED LEASE BUT NEVER OPEN BUSINESS. SETTLEMENT REPAYING \$659 IN 36 MONTHLY INSTALLMENTS | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 12888 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | VENETIAN NAIL AND SPA | RETAIL TENANT | TENANT SIGNED LEASE BUT NEVER OPEN BUSINESS. ATTORNEY SEEKING DAMAGES FROM TENANT AND GAURANTOR. | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 14019 | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | | |
| <input type="checkbox"/> | ABSOLUTE COURIER-TRCK | OFFICE TENANT | OFFICE FLEX SPACE IN TAMPA, FL PURCHASED ON 09.28.07. TENANT OUT OF BUSINESS. SECURITY DEPOSIT KEPT | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears | |
| 0 | 0 | 0 | 0 | 0 | 26445 | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|--|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | CONSTR. CONTRACTORSVC | OFFICE TENANT | OFFICE FLEX SPACE IN TAMPA, FL PURCHASED ON 09.28.07. VACATED WITH OUT PRIOR NOTICE. SPACE NOW LEASED | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 1722 |
| <input type="checkbox"/> | TYLER AND MORGAN | OFFICE TENANT | OFFICE FLEX SPACE IN TAMPA, FL PURCHASED ON 09.28.07. VACATED WITH OUT PRIOR NOTICE. LAWSUIT PENDING | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 37575 |
| <input type="checkbox"/> | ESUITES HOTELS, LLC | OFFICE TENANT | OFFICE FLEX SPACE IN TAMPA, FL PURCHASED ON 09.28.07. TENANT IS WAITING FOR LOAN TO CLOSE IN 05.10 | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| 0 | 0 | 0 | 0 | 0 | 9354 |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |

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|-------------------|----------------------------------|----------------------|--|---------------|----------------------------|--|------------------------------------|--------------|-------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (i) |
| City Base Landing | Alamowing dba Buffalo Wild Wings | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant disputed prior year reconciliation and trash charges. Balance will be collected. | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 5,040 |
| City Base Landing | Best Buy | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed annual tax reimbursement which was collected in January 2010. | - | - | - | - | - | 135,647 |
| City Base Landing | Cato | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant short paid 2009 triple net expenses due to their interpretation of CAM cap language. Property management will resolve with tenant as part of reconciliation process in April 2010. | - | - | - | - | - | 9,940 |
| City Base Landing | City of San Antonio | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,658 |
| City Base Landing | Danah Zapata | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed December charges and paid in January 2010. | - | - | - | - | - | 3,189 |
| City Base Landing | David L. Wynn & Paul H. Weir | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owes prior year trash and recon charges. Balance will be collected. | - | - | - | - | - | 3,898 |

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| City Base Landing | Diabetes America | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant struggled since opening in 2008 and entered into a payment arrangement to pay off balance by April 2010. | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 26,772 |
| City Base Landing | Dos Gatos, LTD. dba El Taco Tote | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant vacated and a termination agreement has been executed. All termination fees have been paid. A replacement tenant lease for a portion of the space has been executed. Balance written off in 2010. | - | - | - | - | - | 83,890 |
| City Base Landing | Emergency Pet Center | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant is dark and non-responsive. Default notice recommended. | - | - | - | - | - | 3,512 |
| City Base Landing | Visionary Properties dba Eye Masters | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,703 |
| City Base Landing | Family Christian | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 2,650 |
| City Base Landing | Fernando Atreola dba Street Gear | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 2,955 |

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| City Base Landing | Sofia Aguilar dba Liberty Tax | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant is struggling and slow pays but balance is collectable. | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 6,476 |
| City Base Landing | United Fashions dba Melrose | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant short paid 2009 triple net expenses due to their interpretation of cam cap language. Property management will resolve with tenant as part of reconciliation process in April 2010. | - | - | - | - | - | 5,548 |
| City Base Landing | New Cingular Wireless dba AT&T | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,060 |
| City Base Landing | Office Depot | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed annual tax reimbursement which was collected in January 2010. | - | - | - | - | - | 68,903 |
| City Base Landing | Pro Mattress dba Mattress Firm | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,783 |
| City Base Landing | South Texas Blood and Tissue | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,295 |

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|-----------------------|--------------------------------------|----------------------|--|----------------------------|----------------------------|--|------------------------------------|--------------|-------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| City Base Landing | Starbucks | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,275 |
| City Base Landing | Superior Supplements | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant defaulted and vacated in 2009. Tenant filed bankruptcy and rejected lease so balance was written off in 2010. | - | - | - | - | - | 8,379 |
| City Base Landing | The Sherwin Williams Co. | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant disputed historical CAM charges and reconciliations. An audit of prior years proved that a credit is due to Tenant. An AR adjustment will be created which will correct balance. | - | - | - | - | - | 26,810 |
| City Base Landing | The Shoe Show | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,709 |
| City Base Landing | JP Morgan Chase Bank (formerly WaMU) | Retail Tenant | Shopping Center located on SE Military in San Antonio, TX, purchased in March 2006. Rental terms are individually negotiated. Expenses are recovered through escrows from tenants on a pro-rata share basis for CAM, Tax, and Insurance. Tenant owed reconciliation charges and paid in January 2010. | - | - | - | - | - | 1,752 |
| Encinitas Marketplace | Albertsons | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Funds were collected in January. | - | - | 322,320 | 400,036 | - | 125,492 |

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| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Encinitas Marketplace | Golden Baked Hams | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. After tenant was sent to Legal Collections, they paid \$26K of the arrears on January, and the balance on subsequent payments. | \$ - | \$ - | \$ 57,637 | \$ 13,254 | \$ - | \$ 30,688 |
| Encinitas Marketplace | Tweeter | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. The balance will be written-off as the tenant declared bankruptcy. Landlord is pursuing full collection through court, but the chances of a positive outcome are remote. | - | - | - | - | - | 19,370 |
| Encinitas Marketplace | Baja Fresh | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Landlord is pursuing full collection through court. | - | - | 51,052 | 8,059 | - | 10,384 |
| Encinitas Marketplace | Sylvan Learning Center | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant paid its balance in 2010. | - | - | 78,391 | 23,154 | - | 4,596 |
| Encinitas Marketplace | Santa Fe Cafe | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant paid its balance in 2010. | - | - | 62,109 | 15,738 | - | 4,492 |
| Encinitas Marketplace | Ritz Camera | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Landlord is pursuing collection through court. | - | - | 12,161 | 1,879 | - | 2,913 |

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| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Encinitas Marketplace | Juice 'n Java | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant is on a payment plan; the balance decreased to \$629 in 2010. | \$ - | \$ - | \$ 27,715 | \$ 7,653 | \$ - | \$ 2,706 |
| Encinitas Marketplace | Frontier Cleaners | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant came current in 2010. | - | - | 56,382 | 13,487 | - | 2,355 |
| Encinitas Marketplace | Total Woman Gym and Atmosphere | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant came current in 2010. | - | - | 97,500 | 35,208 | - | 868 |
| Encinitas Marketplace | Daphne's Greek Cafe | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant declared bankruptcy in January of this year. Landlord is pursuing collections through court. | - | - | 47,510 | 18,195 | - | 508 |
| Encinitas Marketplace | Kaito Restaurant | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant came current in 2010. | - | - | 37,192 | 7,502 | - | 113 |
| Encinitas Marketplace | Coastal Empire Mortgage | Retail Tenant | Shopping Center in San Diego, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant paid balance in 2010. | - | - | 13,162 | - | - | 9 |
| Fairmont Shopping Center | Video Factory | Retail Tenant | Shopping Center in Pacifica, CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Account became current in 2010. | - | - | 85,764 | 20,945 | - | 8,831 |

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| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Fairmont Shopping Center | Makani Chiropractic Center | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Balance through 12/31/09 was paid off. | \$ - | \$ - | \$ 29,340 | \$ 9,001 | \$ - | \$ 6,430 |
| Fairmont Shopping Center | Fairmont Business & Mail Ctr. | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant is in a payment plan to pay its arrears. | - | - | 29,888 | 7,801 | - | 6,289 |
| Fairmont Shopping Center | Fairmont | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant paid this balance in 2010. | - | - | - | - | - | 4,050 |
| Fairmont Shopping Center | Fairmont Cleaners | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant paid this balance in 2010. | - | - | 69,180 | 18,080 | - | 1,211 |
| Fairmont Shopping Center | Dollar Tree | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Balance has been paid. | - | - | 146,160 | 61,999 | - | 111 |
| Fairmont Shopping Center | NSC Service Corporation | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Balance was paid. | - | - | - | 228 | - | 19 |
| Canyon Square Plaza | Albertsons | Retail Tenant | Shopping Center in Pacifica. CA purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Account became current in 2010. | - | - | 336,000 | 178,679 | - | 84,452 |

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| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Blossom Valley Plaza | Dechina I Buffet, Inc. | Retail Tenant | Shopping Center in Turlock, California purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized. | \$ - | \$ - | \$ 147,807 | \$ 83,052 | \$ - | \$ 26,173 |
| Blossom Valley Plaza | Harrison Jewelers | Retail Tenant | Shopping Center in Turlock, California purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized. | - | - | 59,755 | 5,610 | - | 23,751 |
| Blossom Valley Plaza | Bella Nails | Retail Tenant | Shopping Center in Turlock, California purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized. | - | - | 31,216 | 9,354 | - | 7,682 |
| Caughlin Ranch | Godfather's Pizza | Retail Tenant | Shopping Center in Reno, Nevada purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant declared bankruptcy. Although Landlord is pursuing collection through court, a positive outcome is remote. The balance will be written-off. | - | - | - | - | - | 41,040 |
| Caughlin Ranch | Francis' Asian Bistro | Retail Tenant | Shopping Center in Reno, Nevada purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Account handled by Landlord's Legal collections group, which negotiated a payment plan on the arrears. | - | - | 68,566 | 29,827 | - | 13,315 |

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| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Caughlin Ranch | Z Pizza | Retail Tenant | Shopping Center in Reno, Nevada purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant vacated. Landlord's Legal collections group is pursuing payment of arrears. | \$ - | \$ - | \$ 22,416 | \$ 10,301 | \$ - | \$ 12,041 |
| Sunset Mall | Safeway | Retail Tenant | Shopping Center in Portland, Oregon purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Balance was paid with the exception of \$1K, which it's being reviewed. | - | - | 219,780 | 204,424 | - | 58,971 |
| Sunset Mall | Wan Q | Retail Tenant | Shopping Center in Portland, Oregon purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Tenant is on a payment plan. | - | - | 141,021 | 39,833 | - | 12,282 |
| Sunset Mall | Shari's | Retail Tenant | Shopping Center in Portland, Oregon purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Account became current in 2010. | - | - | 102,547 | 25,025 | - | 11,301 |
| Tacoma Central | Top Foods | Retail Tenant | Shopping Center in Tacoma, WA purchased on 10/30/06. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Account became current in 2010. | - | - | - | 109,054 | - | 19,748 |
| Havengate Center | State of CA, Dept of General Svc | Office Tenant | Office building in Rancho Cucamonga, CA purchased February 2008. Rental leases vary from 2 to 5 years, expenses are charged back to the tenant over a Base Year pro rata basis. Renewal options are individually negotiated. Per lease, tenant pays 1 month in arrears. This balance was paid in January 2010. | - | - | 319,644 | - | - | 29,822 |

Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2009
EIN: 91-6145047
Plan Number: 001

| Property Name | Identity of lessor/lessee | Relationship to plan | Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs expenses, renewal options, date property was leased). What is being done to collect the amount in arrears | Original cost of the lease | Current value of the lease | Gross rental receipts during the plan year | Expenses paid during the plan year | Net receipts | Amount in arrears |
|---------------------|----------------------------|----------------------|---|----------------------------|----------------------------|--|------------------------------------|--------------|-------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Centrelake Plaza | Dept of Fed Transportation | Office Tenant | Office building in Ontario, CA purchased February 2008. Rental leases vary from 2 to 5 years, expenses are charged back to the tenant over a Base Year pro rata basis. Renewal options are individually negotiated. December rent (\$18k) paid in arrears, per lease. September - December 2008 charges paid to previous ownership (\$76k) finally re-issued in May 2010. Balance (\$34k) are operating expenses and after-hours HVAC charges. Collection efforts continue in 2010, with continually changing Government representatives. | \$ - | \$ - | \$ 209,739 | \$ 17,121 | \$ - | \$ 128,080 |
| Florin Towne Centre | Clean Up Nice | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferment / re-payment plan. | - | - | 42,994 | 44,974 | - | 5,887 |
| Florin Towne Centre | Tops Mens Fashions | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferment / re-payment plan. | - | - | 46,494 | 21,429 | - | 24,956 |
| Florin Towne Centre | The Vault | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferment / re-payment plan. | - | - | 106,587 | 7,875 | - | 25,871 |
| Florin Towne Centre | Trend Shoes | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferment / re-payment plan. | - | - | 90,299 | 33,709 | - | 26,423 |
| Florin Towne Centre | Impulse | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferment / re-payment plan. | - | - | 279,362 | 97,358 | - | 45,470 |

Western Conference of Teamsters Pension Plan
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|---------------------|--------------------------------------|----------------------|--|----------------------------|----------------------------|--|------------------------------------|--------------|-------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) |
| Florin Towne Centre | Eatza Pizza | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferral / re-payment plan. | \$ - | \$ - | \$ 203,703 | \$ 137,050 | \$ - | \$ 22,500 |
| Florin Towne Centre | Sassy | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferral / re-payment plan. | - | - | 211,162 | 106,081 | - | 47,257 |
| Florin Towne Centre | Ashley Stewart | Retail Tenant | Shopping Center in Sacramento, CA purchased in June 2009. This has become a challenging market from a leasing perspective. Rental leases vary from 5 to 10 year leases, expenses, are fully charged back to tenants on a pro-rata basis. Working with tenant on a rent deferral / re-payment plan. | - | - | 627,479 | 82,729 | - | 6,606 |
| 685 Market Street | Air Brokers International | Commercial Tenant | Commercial Office Tenant - Tenant moved in 2002. Currently in second five year term expiring 7/31/2012. Tenant has been short paying rent by 40% since August 2009. Tenant currently owes \$19,890.08 in back rent. Tenant has expressed intention to pay back rent. Given economic conditions full payment may be unlikely. Tenant has moved into smaller space and will amortize past due rent over term of new lease. | - | - | 84,842 | - | 64,952 | 19,890 |
| North Hills Square | North Hills Cleaners & Laundry, Inc. | Retail Tenant | Shopping Center in Coral Springs, FL purchased on 08/30/07. Rental leases vary from 3 to 5 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on an anchor-short-fall basis. Renewal options are individually negotiated. Tenant and landlord currently negotiating a A/R repayment plan. | - | - | - | - | - | 11,029 |
| North Hills Square | Kim's Nail & Hair, Inc. | Retail Tenant | Shopping Center in Coral Springs, FL purchased on 08/30/07. Rental leases vary from 3 to 5 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on an anchor-short-fall basis. Renewal options are individually negotiated. Tenant and landlord currently negotiating an A/R repayment plan. | - | - | - | - | - | 14,437 |

Western Conference of Teamsters Pension Plan
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|---------------------|-------------------------------------|-------------------------|--|----------------------------|----------------------------|--|------------------------------------|--------------|-------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (i) |
| North Hills Square | Postal World | Retail Tenant - Vacated | Tenant vacated on 2/28/09 prior to their lease expiration of 6/30/09. Landlord attorney currently seeking damages from tenant and guarantor. | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 25,478 |
| North Hills Square | Meric Homes LLC d/b/a Vocelli Pizza | Retail Tenant | Shopping Center in Coral Springs, FL, purchased on 08/30/07. Rental leases vary from 3 to 5 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on an anchor-short-fall basis. Renewal options are individually negotiated. Tenant and landlord currently negotiating an A/R repayment plan. | - | - | - | - | - | 16,406 |
| Glenbrook Commons | CC&J Food d/b/a Taco Maker | Retail Tenant | Tenant signed 5 year lease but never opened for business. Stipulation for Settlement and Lease termination agreement signed on 11/30/09 providing for repayment of \$23,724 payable in 36 monthly installments of \$659. | - | - | - | - | - | 12,888 |
| Glenbrook Commons | Venetian Nail and Spa | Retail Tenant | Tenant signed 5 year lease in April 2008 but never opened for business when store was completed in June 2009. Landlord attorney currently seeking damages from tenant and guarantor. | - | - | - | - | - | 14,019 |
| Thompson & Benjamin | Absolute Courier & Trucking | Office Tenant | Office flex space in Tampa, FL, purchased on 9/28/07. Tenant is out of business and the space has been taken back in order to get it on the market. There are no assets to speak of, thus no further legal action taken. Security deposit was retained. | - | - | - | - | - | 26,445 |
| Thompson & Benjamin | Construction Contractor Services | Office Tenant | Office flex space in Tampa, FL, purchased on 9/28/07. Vacated premises without advising us. Sent a letter terminating the lease. Space was leased a couple of months after tenant vacated. | - | - | - | - | - | 1,722 |
| Thompson & Benjamin | Tyler & Morgan | Office Tenant | Office flex space in Tampa, FL, purchased on 9/28/07. Tenant walked away from the lease. Lawsuit pending to collect funds. Lessor has a personal guaranty. | - | - | - | - | - | 37,575 |
| Thompson & Benjamin | eSuites Hotels, LLC | Office Tenant | Office flex space in Tampa, FL, purchased on 9/28/07. Tenant is still in the suite and has paid some rent. Waiting until May 15th before taking any further action because on that day the owner indicated that he will be closing a loan and he will pay all past due rents. | - | - | - | - | - | 9,354 |

TOTAL \$ - \$ - \$ 6,166,719 \$ 2,299,284 \$ 64,952 \$ 1,889,534

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
|--------------------------------|------------------|--|--|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |
| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |
| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |
| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |
| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |
| (a) Identity of party involved | | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transactions including maturity date, rate of interest, collateral, par or maturity value | | (d) Purchase price |
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| | | |
|---|--|---|
| 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 2009 This Form is Open to Public Inspection |
|---|--|---|

For calendar plan year 2009 or fiscal plan year beginning **01/01/2009** and ending **12/31/2009**

| | |
|--|--|
| A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES | D Employer Identification Number (EIN) 91-6145047 |

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 | 3566992 | 4126122 |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 92236021 | 94798819 |
| (2) Participant contributions | | |
| (3) Other..... | 792940872 | 601538552 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 2624913205 | 3615778865 |
| (2) U.S. Government securities..... | 6067299049 | 5335369346 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | | |
| (B) All other..... | 5576500947 | 5989182165 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | | |
| (B) Common | 1947590031 | 1476047586 |
| (5) Partnership/joint venture interests | 805732357 | 1508484667 |
| (6) Real estate (other than employer real property) | 2139194043 | 1555199916 |
| (7) Loans (other than to participants) | 33966407 | 63110039 |
| (8) Participant loans | | |
| (9) Value of interest in common/collective trusts..... | 6463059763 | 8892175175 |
| (10) Value of interest in pooled separate accounts..... | 2418552397 | 1134081575 |
| (11) Value of interest in master trust investment accounts | | |
| (12) Value of interest in 103-12 investment entities | | 263029393 |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 170043654 | 165325969 |
| (15) Other | | 299160813 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | 17650115 | 15622599 |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 29153245853 | 31013031601 |

Liabilities

| | | | |
|--|----|------------|------------|
| g Benefit claims payable | 1g | 11504070 | 17188298 |
| h Operating payables | 1h | 17744379 | 36209793 |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities..... | 1j | 4179151431 | 4304245979 |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 4208399880 | 4357644070 |

Net Assets

| | | | |
|---|----|-------------|-------------|
| l Net assets (subtract line 1k from line 1f)..... | 1l | 24944845973 | 26655387531 |
|---|----|-------------|-------------|

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.

Income

| | | (a) Amount | (b) Total |
|--|----------|-------------|------------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 1264682544 | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 1264682544 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 3229758 | |
| (B) U.S. Government securities | 2b(1)(B) | 110912335 | |
| (C) Corporate debt instruments | 2b(1)(C) | 303349041 | |
| (D) Loans (other than to participants) | 2b(1)(D) | 3139140 | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | 241290071 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | |
| (2) Dividends: (A) Preferred stock..... | 2b(2)(A) | 24326574 | |
| (B) Common stock | 2b(2)(B) | 50383011 | |
| (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) | | 74709585 |
| (3) Rents..... | 2b(3) | | 125306537 |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 29243995674 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 28831922851 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|--|-----------------|------------|------------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | -890686922 | |
| (B) Other | 2b(5)(B) | 837075237 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | -53611685 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1946906084 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -388821541 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 13029393 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | |
| c Other income..... | 2c | | 1855645 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 4058049730 |

Expenses

| | | | |
|--|--------------|------------|------------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 2160019207 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2160019207 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | 10380 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 8752143 | |
| (2) Contract administrator fees | 2i(2) | 62507343 | |
| (3) Investment advisory and management fees | 2i(3) | 99987367 | |
| (4) Other | 2i(4) | 16231732 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 187478585 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 2347508172 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 1710541558 |
| 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: LINDQUIST LLP

(2) EIN: 52-2385296

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|------------|
| 4a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)..... | | X | |
| 4b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | X | | 142760602 |
| 4c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | X | | 1889534 |
| 4d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | | X | |
| 4e Was this plan covered by a fidelity bond?..... | X | | 20000000 |
| 4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 4g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | X | | 1652300951 |
| 4h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| 4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| 4j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)..... | X | | |
| 4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... | | X | |
| 4l Has the plan failed to provide any benefit when due under the plan? | | X | |
| 4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | | X | |
| 4n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

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

ATTACHMENT TO 2009 FORM 5500

SCHEDULE H

Part I Lines 1(c)(3)(A) and (B) and (4)(A) and (B) and Part II Lines (b)(1)(B) and (2)

Western Conference of Teamsters Pension Trust Fund

EIN: 91-6145047

Due to limitations in the custodians' reporting system, these items have been completed in accordance with the best available data.

| | | |
|--|--|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under section 104 and 4065 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. | <small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| | | |
|--|--|------------|
| A Name of plan <u>WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES</u> | D Employer Identification Number (EIN) <u>91-6145047</u> | |

| | |
|---------------|----------------------|
| 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 or the forms of property specified in the instructions.....

| | |
|---|---|
| 1 | 0 |
|---|---|

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):
 EIN(s): 22-1211670

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|------|
| 3 | 1522 |
|---|------|

| | |
|----------------|--|
| 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(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB 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)..... | 6c | |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

9 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..... Increase Decrease Both No

| | |
|----------------|---|
| Part IV | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---|

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer UNITED PARCEL SERVICE

b EIN 36-2407381 **c** Dollar amount contributed by employer 431269638

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|--|------------|-------|
| a The current year | 14a | 96829 |
| b The plan year immediately preceding the current plan year | 14b | 95220 |
| c The second preceding plan year | 14c | 92952 |

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|------------|------|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | 1.03 |
| b The corresponding number for the second preceding plan year | 15b | 1.06 |

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|--|------------|-----|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | 202 |
| b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | 16b | 0 |

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: 41% Investment-Grade Debt: 40% High-Yield Debt: 1% Real Estate: 8% Other: 10%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more
- c** What duration measure was used to calculate item 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

Attachment to 2009 Form 5500
Schedule R, line 13e - Information on Contribution Rates and Base Units

Plan Name WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN **EIN:** 91-6145047
Plan Sponsor's Name WESTERN CONF OF TEAMSTERS PENSION TR FUND BD OF PNEES 001

| | |
|--|--|
| Contribution rate (in dollars and cents) | .10 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.65 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.80 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.88 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 3.90 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.85 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.15 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 5.65 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 5.97 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 5.75 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.70 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.40 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.06 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.97 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.85 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.25 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.55 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 7.35 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.75 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.95 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |
| Contribution rate (in dollars and cents) | 6.66 |
| Base unit measure: | <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): |

