

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 under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

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

2008

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning _____, and ending _____,

- A** This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____
- B** This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions).

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

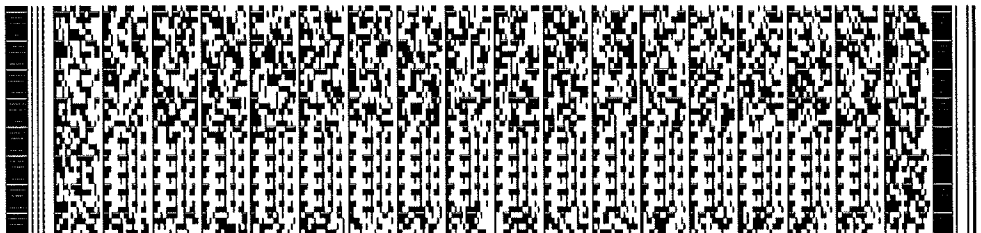
1a Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 04/15/1955
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TTEES 2323 EASTLAKE AVENUE EAST 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 if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE Richard L. Dodge 10/13/09 RICHARD L. DODGE, CHAIRMAN
Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE [Signature] 10/14/09 CHARLES MACK, CO-CHAIRMAN/SEC
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Form **5500** (2008)



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

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

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EIN
	c Telephone number

6 Total number of participants at the beginning of the plan year	6	535026
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)		
a Active participants	7a	234753
b Retired or separated participants receiving benefits	7b	133162
c Other retired or separated participants entitled to future benefits	7c	170045
d Subtotal. Add lines 7a , 7b , and 7c	7d	537960
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	1823
f Total. Add lines 7d and 7e	7f	539783
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	15217

8 Benefits provided under the plan (complete **8a** and **8b**, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 1G 1B [] [] [] [] [] [] [] [] [] []

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): [] [] [] [] [] [] [] [] [] []

9a Plan funding arrangement (check all that apply)

(1) Insurance

(2) Code section 412(e)(3) insurance contracts

(3) Trust

(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) Insurance

(2) Code section 412(e)(3) insurance contracts

(3) Trust

(4) General assets of the sponsor



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

- (1) **R** (Retirement Plan Information)
- (2) **B** (Actuarial Information)
- (3) **E** (ESOP Annual Information)
- (4) **SSA** (Separated Vested Participant Information)

b Financial 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)



0 2 0 8 6 0 0 3 0 J

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

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

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

A Name of plan
WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

B Three-digit plan number ► 001

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND B

D Employer Identification Number
91-6145047

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:

(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
22-1211670	68241	GA-8216	73043	01/01/2008	12/31/2008

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees 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.

3	Current value of plan's interest under this contract in the general account at year end	170043654	
4	Current value of plan's interest under this contract in separate accounts at year end	4059257862	
5	Contracts With Allocated Funds		
a	State the basis of premium rates ▶ <u>N/A</u>		
b	Premiums paid to carrier		
c	Premiums due but unpaid at the end of the year		
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 ▶ _____		
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ _____		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>		
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶ <u>PRUPAR</u>		
b	Balance at the end of the previous year	191120958	
c	Additions: (1) Contributions deposited during the year		
	(2) Dividends and credits		
	(3) Interest credited during the year		13940149
	(4) Transferred from separate account		
	(5) Other (specify below) ▶ <u>EXPERIENCE ADJUSTMENT</u>		1029851
	(6) Total additions	14970000	
d	Total of balance and additions (add b and c(6))	206090958	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year		
	(2) Administration charge made by carrier		
	(3) Transferred to separate account		36047304
	(4) Other (specify below) ▶ _____		
	(5) Total deductions	36047304	
f	Balance at the end of the current year (subtract e(5) from d)	170043654	



0 6 0 8 6 0 0 3 0 N

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 individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 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)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and shaded area. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention; Dividends or retroactive rate refunds), and Status of policyholder reserves (Amount held to provide benefits after retirement, Claim reserves, Other reserves).

9 Nonexperience-rated contracts:

Table with 3 columns: Description, Amount, and shaded area. Rows include Total premiums or subscription charges paid to carrier and specific costs incurred by carrier, service, or other organization.



0 6 0 8 6 0 0 4 0 0
Barcode with numbers 0 6 0 8 6 0 0 4 0 0

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

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

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

A Name of plan
WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

B Three-digit plan number ► 001

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND B

D Employer Identification Number
91-6145047

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:

(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
22-1211670	68241	GA-8217	539783	01/01/2008	12/31/2008

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule A (Form 5500) 2008



0 6 0 8 6 0 0 1 0 L



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees 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.

3	Current value of plan's interest under this contract in the general account at year end	0
4	Current value of plan's interest under this contract in separate accounts at year end	6171515336
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶ <u>N/A</u>	
b	Premiums paid to carrier	
c	Premiums due but unpaid at the end of the year	
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 ▶ _____	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ _____	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/>	
6	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other (specify below) ▶ <u>FLEXIBLE FUNDING FACILITY</u>	
b	Balance at the end of the previous year	0
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) ▶ _____	
	(6) Total additions	0
d	Total of balance and additions (add b and c(6))	0
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account (4) Other (specify below) ▶ _____	
	(5) Total deductions	0
f	Balance at the end of the current year (subtract e(5) from d)	0



0 6 0 8 6 0 0 3 0 N

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 individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 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)

8 Experience-rated contracts

Table with 4 columns: Description, Amount, and two shaded columns. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention), Dividends or retroactive rate refunds, and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Rows include Total premiums or subscription charges paid to carrier and Specific costs incurred by carrier, service, or other organization.



**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).

▶ **Attach to Form 5500 or 5500-EZ if applicable. (See instructions.)**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

▶ **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) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ
TRUSTEES OF THE WESTERN CONFERENCE TEAMSTERS TRUST

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 01 Day 01 Year 2008

b Assets:

(1) Current value of assets

1b(1) 32322101000

(2) Actuarial value of assets for funding standard account

1b(2) 31398542000

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

1c(1) 34824892000

(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) 32342445000

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

1d(1) N/A

(2) "RPA '94" information:

(a) Current liability

1d(2)(a) 42178351000

(b) Expected increase in current liability due to benefits accruing during the plan year

1d(2)(b) 1631415000

(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) 2076252000

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**

John Thomas Boelen
Signature of actuary

9/30/2009
Date

JOHN THOMAS BOLEN, M.A.A.A., E.A.

08-00382

Type or print name of actuary

Most recent enrollment number

MCGINN ACTUARIES LTD.

714-634-8337

Firm name

Telephone number (including area code)

2400 EAST KATELLA AVE., SUITE 660

ANAHEIM CA 92806-5961

Address of the firm

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 5500-EZ.

v11.3

Schedule MB (Form 5500) 2008

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions) **2a** 32322101000

b "RPA '94" current liability/participant count breakdown:

	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment . . .	2b(1) 225080	21297497000
(2) For terminated vested participants	2b(2) 160080	4737731000
(3) For active participants:		
(a) Non-vested benefits	2b(3)(a)	2676067000
(b) Vested benefits	2b(3)(b)	13467056000
(c) Total active	2b(3)(c) 234720	16143123000
(4) Total	2b(4) 619880	42178351000

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

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
02/15/2008	110478000		08/15/2008	118736000	
03/15/2008	114114000		09/15/2008	125342000	
04/15/2008	115988000		10/15/2008	116154000	
05/15/2008	113026000		11/15/2008	108674000	
06/15/2008	122626000		12/15/2008	97747000	
07/15/2008	115371000		01/15/2009	92273000	
Totals ▶ 3(b)			1350529000		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 line 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 under any applicable funding improvement or rehabilitation plan? Yes No

d If the plan is in critical status, were any adjustable benefits reduced? Yes No

e If line 4d 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 Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit) **d** Aggregate

e Frozen initial liability **f** Individual level premium **g** Individual aggregate **h** Shortfall

i Reorganization **j** Other (specify):

k If box 5h is checked, enter period of use of shortfall method **5k**

l Has a change been made in funding method for this plan year? Yes No

m If line 5l is "Yes," was the change made pursuant to Revenue Procedure 2000-40? Yes No

n If line 5l is "Yes," and line 5m 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** 5.06 %

	Pre-retirement			Post-retirement		
	Yes	<input checked="" type="checkbox"/> No	N/A	Yes	<input checked="" type="checkbox"/> No	N/A
b Rates specified in insurance or annuity contracts		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
c Mortality table code for valuation purposes:						
(1) Males	6c(1) A			A		
(2) Females	6c(2) A			A		
d Valuation liability interest rate.	6d 6.90 %			6.90 %		
e Expense loading	6e 14.5 %			0.0 %		
f Salary scale.	6f N/A %					
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			9.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h			5.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization charge/credit
1	-289923000	-29750000
3	516733000	53023000
4	505725000	51893000

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 instructions) If "Yes," attach schedule Yes 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)(1) of the Code? Yes No

d If line 8c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(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? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line 8d(2)). **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension. **8d(5)**

(6) If line 8d(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? Yes 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 plan year funding deficiency, if any **9a** 0

b Employer's normal cost for plan year as of valuation date. **9b** 512425000

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)	5173343000	604070000
(2) Funding waivers 9c(2)	0	0
(3) Certain bases for which the amortization period has been extended 9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c **9d** 78155000

e Total charges. Add lines 9a through 9d. **9e** 1194650000

Credits to funding standard account:

f Prior year credit balance, if any **9f** 1746995000

g Employer contributions. Total from column (b) of line 3. **9g** 1350529000

h Amortization credits as of valuation date **9h** 0

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h. **9i** 162491000

j Full funding limitation (FFL) and credits:

	Outstanding balance	
(1) ERISA FFL (accrued liability FFL). 9j(1)	6083774000	
(2) "RPA '94" override (90% current liability FFL). 9j(2)	8060464000	
(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** 3260015000

m Credit balance: If line 9l is greater than line 9e, enter the difference. **9m** 2065365000

n Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n**

9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2008 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

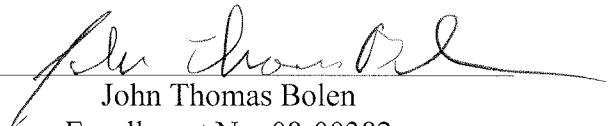
**WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
EMPLOYER I.D. NO. 91-6145047, PLAN 001
FORM 5500 ATTACHMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 2008**

STATEMENT BY ENROLLED ACTUARY

In my opinion, the assumptions used in preparing the 2008 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, 2008 Actuarial Valuation.

9/30/2009
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, 2008

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

AMORTIZATION SCHEDULE	Year Established	Balance	Years Remaining	Amortization Payment
CHARGES:				
Combined Base	1984	\$4,439,890,000	11.7	\$532,089,000
Plan Change	2008	\$516,733,000	15.0	\$53,023,000
Plan Change:13th Check	2008	\$918,000	1.0	\$918,000
Assumption Change	2008	<u>\$505,725,000</u>	15.0	<u>\$51,893,000</u>
Total		\$5,463,266,000		\$637,923,000
CREDITS:				
Experience Gain	2008	\$289,923,000	15.0	\$29,750,000
Total		<u>\$289,923,000</u>		<u>\$29,750,000</u>
COMBINED BASE:	2008	\$5,173,343,000	12.1	\$604,070,000

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION E — REVISION OF ACTUARIAL ASSUMPTIONS AND BENEFIT LEVELS

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 5.26% from the previous valuation assumption of 5.54%.
- ▶ Strategic Bond Account (SBA): The assumed annual rate of return has been changed to a level 6.20% from the previous valuation assumption of 6.23%.
- ▶ Fixed Dollar Account: The assumed annual rates of return are the same as those assumed in the January 1, 2007 valuation and grade down from 7.2% in 2008 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, is 7.0%. Note that this is the same as last year's assumption for calendar years 2008 and later.

c. Sample: We have increased our data sample for non-retired lives from 2% (Social Security Numbers ending in 00 or 05) to 5% (Social Security Numbers ending in 00, 05, 10, 15, or 20).

The objective of increasing the sample size was to improve the correspondence between the participant population implied by the sample and the actual participant population, and our data review has demonstrated that such improvement did occur. In addition, our review indicates that there has been considerable improvement over last year in the 5% sample's percentage of records with dates of birth. Data quality within the 5% sample is not yet quite as high as within the 2% sample, but we anticipate continuing improvement over the next few years.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION E — REVISION OF ACTUARIAL ASSUMPTIONS AND BENEFIT LEVELS *(Continued)*

- d. Mortality Rates: We have revised the mortality rates for all non-disabled participants (non-retired and retired participants and beneficiaries). The revised mortality rate tables (1) are a better representation of the patterns we have observed in our recent annual mortality studies and (2) provide some margin for mortality improvement over the next several years. Additional information is provided in our Mortality Study Report.

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. Change in Benefit Accrual Formula During 2008

The results described in this actuarial report reflect the revised benefit accrual formula of 2.00% during 2008 for participants who have not completed 20 years of service, and 2.65% during 2008 for participants who have completed at least 20 years of service. The benefit accrual formula remains at 1.20% for years 2009 and later.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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, 2007 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 394,777 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, 2008 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 2007, or earned at least 1 covered hour in 2007 and earned at least 250 covered hours in 2006.

11,035 Non-Seasonal Active 5% sample records representing 220,700 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.

701 Seasonal Active 5% sample records representing 14,020 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.

8,004 Vested Inactive 5% sample records representing 160,080 participants were included in the valuation.

375,037 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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION H — PARTICIPANT DATA (Continued)

2. Statistical Information

Highlights of the data characteristics for Active Plan participants on January 1, 2008 are shown below, together with corresponding information from the January 1, 2007 and January 1, 2006 Actuarial Reports.

- ▶ For actuarial valuation purposes, the Active participant population was 228,450 as of January 1, 2006, 232,950 as of January 1, 2007, and 234,720 as of January 1, 2008. The aggregate number of Active participants covered under PEER has remained at 84.8% of Active participants (including Non-Seasonal and Seasonal employees) on January 1, 2008. (Note that the information summarized below for 1/1/06 and 1/1/07 is based on 2% sample data, whereas the information for 1/1/08 is based on 5% sample data.)

NUMBER OF ACTIVE PLAN PARTICIPANTS			
Industry	As of 1/1/06	As of 1/1/07	As of 1/1/08
ALL ACTIVES			
Non-Seasonal	213,100	218,400	220,700
Seasonal	15,350	14,550	14,020
Total	228,450	232,950	234,720
PEER UNITS			
Non-Seasonal PEER 80	74,300	74,550	74,300
Non-Seasonal PEER 82	6,350	6,200	6,180
Non-Seasonal PEER 84	99,300	103,600	105,900
Seasonal PEER 80	9,750	9,400	8,900
Seasonal PEER 82	300	350	260
Seasonal PEER 84	3,800	3,400	3,560
Total PEER Participants	193,800	197,500	199,100
NON-PEER UNITS			
Non-Seasonal	33,150	34,050	34,320
Seasonal	1,500	1,400	1,300
Total Non-PEER Participants	34,650	35,450	35,620

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION H — PARTICIPANT DATA (Continued)

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

There were 196 non-retired sample valuation records, representing 3,920 participants with missing dates of birth. There were 1,261 Non-Seasonal non-retired sample valuation records with missing or invalid sex codes who are assumed to be males and 138 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:

Status	Sex Code	Number of Records*20		
		With Valid Date of Birth	Without Valid Date of Birth	% Without Valid Date of Birth
Non-Seasonal Active Vested	Male	124,460	40	0.03%
Non-Seasonal Active Vested	Female	20,120	0	0.00%
Non-Seasonal Active Non-Vested	Male	63,460	1,960	3.00%
Non-Seasonal Active Non-Vested	Female	10,480	180	1.69%
Seasonal Active Vested	Male	2,740	40	1.44%
Seasonal Active Vested	Female	6,320	80	1.25%
Seasonal Active Non-Vested	Male	1,480	20	1.33%
Seasonal Active Non-Vested	Female	2,920	420	12.57%
Non-Seasonal Vested Inactive	Male	121,360	700	0.57%
Non-Seasonal Vested Inactive	Female	21,040	80	0.38%
Seasonal Vested Inactive	Male	5,660	20	0.35%
Seasonal Vested Inactive	Female	10,840	380	3.39%

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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 235,355 retired records received, 10,292 records were disregarded (9,137 deaths, 411 expirations and 744 other rejects, such as cancellations, post valuation retirements, etc.). In addition, we added 17 liability records from the end of year 2006 data, based on our review of Prudential's "previous year liability lives missing from current year file" exhibit. This resulted in the inclusion of 225,080 records representing Age Retirees, Disability Retirees, and Beneficiaries. Approximately 76.5% of these records are for Age Retirees, 9.8% are for Disability Retirees, and 13.7% are for Beneficiaries. There were no missing birthdates in these records.

Note: These percentages are slightly distorted by the presence of multiple disability records, reflecting the increase in the disability floor from 62% to 85%, effective January 1, 2000.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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 7.2% in 2008 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 5.26%.
- iii. Strategic Bond Account (SBA): The assumed rate of return for these assets is 6.20%. 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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

1. **Actuarial Basis (Continued)**

c. Provision for Expenses

\$77 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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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, 2007 levels.

i. Expected Annual Employer Contributions

The annual employer contributions expected during 2008 have been assumed to be \$1.353 billion. This amount is used to determine the expected amortization period (5.0 years) for the UAL (\$3,426,350,000).

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2008

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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2008 *(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

Participants retiring under age 65 may elect a Benefit Adjustment Option or an Employee and Spouse Pension with Benefit Adjustment Option.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2008 (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 may retire at any age if he or she meets the Rule of 84; that is, the sum of his or her attained age plus years of contributory service is equal to or greater than 84.

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. PEER 84 contributions are equal to 6.5% of basic contributions payable under the Plan. PEER 82 contributions are 11.5% of basic contributions payable under the Plan. PEER 80 contributions are 16.5% of basic contributions payable under the Plan. 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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2008 (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

EIN/PLAN NO: 91-6145047/001 ATTACHMENT TO SCHEDULE MB (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2008 *(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)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

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

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

A Name of plan
WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

B Three-digit plan number ► 001

C Plan sponsor's name as shown on line 2a of Form 5500
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BO

D Employer Identification Number
91-6145047

Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** 2387907

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

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NORTHWEST ADMINISTRATORS, INC.	91-0680697	Contract administrator			35773058	12

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
PRUDENTIAL ASSET MANAGEMENT CO.	22-1211670	CONTRACT ADMIN/INV MGR			40175234	1221

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule C (Form 5500) 2008



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
SOUTHWEST ADMINISTRATORS, INC.	95-2693467	CONTRACT ADMINISTRATOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		9911064	12
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
JPM IIF ERISA LP	20-5968009	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		8980442	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
INVESCO, INC.	58-1707262	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		7220043	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BNYM DBA MELLON CAPITAL MANAGEMENT	25-1442864	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		7172616	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BARCLAYS GLOBAL INVESTORS, INC.	94-3112180	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		6829714	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AETNA LIFE INSURANCE	06-6033492	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		5335528	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
INVESCO NATIONAL TRUST COMPANY	84-0591534	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		4575631	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
JP MORGAN INVESTMENT MANAGEMENT INC	13-3200244	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		4500000	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GOLDMAN SACHS & CO.	13-5108880	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		4466282	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ORACLE COMPANY	94-2871189	SOFTWARE CONSULT/DATA CTR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		2606324	1716

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
REALTY ASSOCIATES ADVISORS LLC.	04-3472698	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		2604032	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ALAN D. BILLER & ASSOCIATES	94-2854958	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		2147160	20



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
INTECH INVESTMENT MANAGEMENT LLC	01-0614895	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1752474	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
TRUCKER HUSS, APC	94-3216063	TRUST COUNSEL	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1719145	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
DODGE & COX	94-1441976	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1619367	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
YUCAIPA AMERICAN ALLIANCE FUNDII LP	26-2119907	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1515519	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WESTERN ASSET MANAGEMENT CO.	95-2705767	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1381296	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BLACKROCK FINANCIAL MANAGEMENT INC.	13-3806691	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1263196	21



1 0 0 8 6 0 0 2 0 H

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
UBS REALTY INVESTORS LLC	06-1452020	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1212549	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
UBS INTERNATIONAL INFRASTRUCTURE LP	98-0596569	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1161440	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MCGINN ACTUARIES LTD	95-4183698	ENROLLED ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		1006765	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
CAMDEN ASSET MANAGEMENT, L.P.	95-4319164	INVESTMENT MANAGER/CUSTOD	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		783618	2118

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STEPHEN HORN INSURANCES SERVICES	94-3249244	LIABILITY INS. BROKER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		756529	19

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LANDMARK EQUITY ADVISORS, LLC	06-1519082	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		752555	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BLACKROCK INC.	20-5319476	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		679575	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AMERICAN LITHOGRAPHERS, INC.	01-0551382	PRINTER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		577174	23

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
HAMILTON LANE CAPITAL OPPORTUNITIES	74-3218646	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		559713	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
REID PEDERSEN MCCARTHY & BALLEW LLP	91-0749971	CO-COUNSEL/SUP COL ATTY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		553129	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PANTHEON USA FUND VIII, LP	26-1269055	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		489640	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WP GLOBAL PARTNERS INC.	20-2847722	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		449207	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
POSTAL SYSTEM INC.	94-3196573	MAILING SERVICE	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		430849	99

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MELLON GLOBAL SECURITIES SERVICES	25-0659306	INVESTMENT CUSTODIAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		398846	18

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
DOVER STREET VII L.P.	74-3234906	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		334735	21



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
THE BANK OF NEW YORK MELLON	13-5160382	INVESTMENT CUSTODIAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		308455	18
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ANTHONY C. LOCK	91-0681009	UNION CO-CHAIRMAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	259278		25
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LINDQUIST LLP	52-2385296	AUDITOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		245048	10



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
CENVEO	84-1461875	PRINTER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		207453	23
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
NORTHERN TRUST INVESTMENT INC.	36-3608252	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		201753	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)



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

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



ATTACHMENT TO 2008 FORM 5500
SCHEDULE C
Western Conference of Teamsters Pension Trust Fund
EIN: 91-6145047

The amounts entered in Line 2(e) for service provider Anthony C. Lock includes compensation for substantially full-time services as Union Co-Chairman of the Trust Fund, health, welfare and pension contributions (to the extent applicable), and travel and travel related expense reimbursements. This amount does not include payment of office related expenses such as rent, clerical staff compensation, telephone charges, office supplies, postage, etc.

**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.**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____, and ending _____,	
A Name of plan or DFE WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	B Three-digit plan number ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND B	D Employer Identification Number 91-6145047

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

(a) Name of MTIA, CCT, PSA, or 103-12 IE EB DV STOCK INDEX FUND

(b) Name of sponsor of entity listed in (a) THE BANK OF NEW YORK MELLON

(c) EIN-PN 25-6078093-010 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1113511172

(a) Name of MTIA, CCT, PSA, or 103-12 IE EB DV MARKET COMPLETION FUND

(b) Name of sponsor of entity listed in (a) THE BANK OF NEW YORK MELLON

(c) EIN-PN 25-6078093-007 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 464253327

(a) Name of MTIA, CCT, PSA, or 103-12 IE EB INTL EQUITY ALPHA PLUS FUND

(b) Name of sponsor of entity listed in (a) THE BANK OF NEW YORK MELLON

(c) EIN-PN 25-6078093-137 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 886203491

(a) Name of MTIA, CCT, PSA, or 103-12 IE NTGI-QM COLLECT D SMALLCAP EQUITY

(b) Name of sponsor of entity listed in (a) NORTHERN TRUST INVESTMENTS, N.A.

(c) EIN-PN 45-6138589-052 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 480648551

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(a) Name of MTIA, CCT, PSA, or 103-12 IE NTGI-QM COLLECT D S&P 500 EQUITY

(b) Name of sponsor of entity listed in (a) NORTHERN TRUST INVESTMENTS, N.A.

(c) EIN-PN 45-6138589-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1007155601

(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) 14076

(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) 1588499998

(a) Name of MTIA, CCT, PSA, or 103-12 IE INVESCO GTAA ALPHA OVERLAY INTL EQU

(b) Name of sponsor of entity listed in (a) INVESCO NATIONAL TRUST COMPANY

(c) EIN-PN 32-0181321-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 566275938

(a) Name of MTIA, CCT, PSA, or 103-12 IE POOLED EMPLOYEE DAILY LIQUIDITY FND

(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) 356497609

(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) 99713629



(a) Name of MTIA, CCT, PSA, or 103-12 IE TEMPORARY INVESTMENT ACCOUNT (TIA)

(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) 1322044318

(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) 473747165

(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) 523047285

(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) _____

(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) _____

(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) _____



**SCHEDULE G
(Form 5500)**

Department of the 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.**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

A Name of Plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	B Three-digit plan number ► 001
C Name of plan sponsor as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND B	D Employer Identification Number 91-6145047

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	KAUPTHING BANK BORGATUN 19 IS105 REYKJAVK ICELAND	230000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	230000

(g)

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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL

Amount overdue		
(h) Principal	(i) Interest	
230000	0	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule G (Form 5500) 2008



2 4 0 8 6 0 0 1 0 L



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	KAUPTHING BANK BORGATUN 19 IS105 REYKJAVK ICELAND	1320000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1320000

(g)
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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL

Amount overdue		
(h) Principal	(i) Interest	
1320000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	KAUPTHING BANK BORGATUN 19 IS105 REYKJAVK ICELAND	3490000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	3490000

(g)
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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL

Amount overdue		
(h) Principal	(i) Interest	
3490000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	KAUPTHINK BANK BORGATUN 19 IS105 REYKJAVK ICELAND	11225000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	11225000

(g)

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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL

Amount overdue		
(h) Principal	(i) Interest	
11225000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LANDSBANKI HAFNARSTRAETI 5 IS155 REYKJAVK ICELAND	1890000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1890000

(g)

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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL ON OCT. 7, 2008

Amount overdue		
(h) Principal	(i) Interest	
1890000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	GLITNIR BANKI SOLTUN 26 IS105 REYKJAVK ICELAND	1340000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1340000

(g)

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

ICELANDIC FINANCIAL SUPERVISORY TOOK CONTROL ON OCT. 7, 2008

Amount overdue		
(h) Principal	(i) Interest	
1340000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS, XS TR SER 2007 2N 745 7TH AVENUE NEW YORK NY 10019	5144536
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	5144536

(g)

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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT. 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
5144536	0	



(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS, XS TR 2005 7N 745 7TH AVENUE NEW YORK NY 10019		7025861
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	0		7025861

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
7025861	0	

(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS, XS TR 2005 9N 745 7TH AVENUE NEW YORK NY 10019		6776308
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	0		6776308

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
6776308	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. 745 7TH AVENUE NEW YORK NY 10019	2400000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2400000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
2400000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDING INC. NT 745 7TH AVENUE NEW YORK NY 10019	480000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	480000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
480000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. DTD 745 7TH AVENUE NEW YORK NY 10019	340000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	340000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
340000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. DTD 745 7TH AVENUE NEW YORK NY 10019	900000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	900000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
900000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. DTD 745 7TH AVENUE NEW YORK NY 10019	1275000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1275000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
1275000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC MEDIUM 745 7TH AVENUE NEW YORK NY 10019	3710000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	3710000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
3710000	0	



(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC MEDIUM 745 7TH AVENUE NEW YORK NY 10019		2475000
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	0		2475000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
2475000	0	

(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. MTN 745 7TH AVENUE NEW YORK NY 10019		700000
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	0		700000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
700000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. 745 7TH AVENUE NEW YORK NY 10019	740000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	740000

(g)

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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
740000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. 745 7TH AVENUE NEW YORK NY 10019	430000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	430000

(g)

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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
430000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. 745 7TH AVENUE NEW YORK NY 10019	2450000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2450000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
2450000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. 745 7TH AVENUE NEW YORK NY 10019	2050000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2050000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
2050000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDINGS INC. MTN 745 7TH AVENUE NEW YORK NY 10019	1050000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1050000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
1050000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS E-CAP TRUST I 745 7TH AVENUE NEW YORK NY 10019	1200000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1200000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
1200000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS E-CAP TRUST I 745 7TH AVENUE NEW YORK NY 10019	820000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	820000

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
820000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS 6.25% 9/26/14 745 7TH AVENUE NEW YORK NY 10019	5840000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	181040	276589

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	276589	



(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS 5.75% 5/17/13 745 7TH AVENUE NEW YORK NY 10019		3955000
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	113706		141501

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	141501	

(a)	(b) Identity and address of obligor		(c) Original amount of loan
	LEHMAN BROTHERS 3.95% 11/10/09 745 7TH AVENUE NEW YORK NY 10019		1890000
Amount received during reporting year			(f) Unpaid balance at end of year
(d) Principal	(e) Interest		
0	37328		47903

(g)
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

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	47903	



(a)	(b) Identity and address of obligor			(c) Original amount of loan
	LEHMAN BROTHERS 6.25% 9/26/14 745 7TH AVENUE NEW YORK NY 10019			1155000
Amount received during reporting year				(f) Unpaid balance at end of year
(d) Principal		(e) Interest		
0		33805		54702
(g) 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				

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	54702	

(a)	(b) Identity and address of obligor			(c) Original amount of loan
	LEHMAN BROTHERS 7.00% 9/27/27 745 7TH AVENUE NEW YORK NY 10019			1465000
Amount received during reporting year				(f) Unpaid balance at end of year
(d) Principal		(e) Interest		
0		51560		78053
(g) 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				

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	78053	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS 6.25% 9/26/14 745 7TH AVENUE NEW YORK NY 10019	370000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	11470	17523
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	17523	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS 5.75% 5/17/13 745 7TH AVENUE NEW YORK NY 10019	245000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	7044	8765
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	8765	



(a)	(b)	(c)
Identity and address of obligor		Original amount of loan
LEHMAN BROTHERS 3.95% 11/10/09 745 7TH AVENUE NEW YORK NY 10019		360000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	7110	9125
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue	
(h) Principal	(i) Interest
0	9125

(a)	(b)	(c)
Identity and address of obligor		Original amount of loan
LEHMAN BROTHERS 6.50% 7/19/17 745 7TH AVENUE NEW YORK NY 10019		10000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	650	293
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue	
(h) Principal	(i) Interest
0	293



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS 7.00% 9/27/27 745 7TH AVENUE NEW YORK NY 10019	1050000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	36954	55941
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	55941	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS 5.50% 4/04/16 745 7TH AVENUE NEW YORK NY 10019	3165000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	87038	129107
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
0	129107	



(a)	(b)	(c)
Identity and address of obligor		Original amount of loan
LEHMAN BROTHERS 5.25% 2/06/12 745 7TH AVENUE NEW YORK NY 10019		3470000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	182175	73376
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue	
(h) Principal	(i) Interest
0	73376

(a)	(b)	(c)
Identity and address of obligor		Original amount of loan
LEHMAN BROTHERS HOLDING 7.25%CVPFDP 745 7TH AVENUE NEW YORK NY 10019		9117879
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	9117879
(g) 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		

FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue	
(h) Principal	(i) Interest
9117879	0



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LEHMAN BROTHERS HOLDING 8.75%CVFPDQ 745 7TH AVENUE NEW YORK NY 10019	10074900
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	10074900

(g)
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

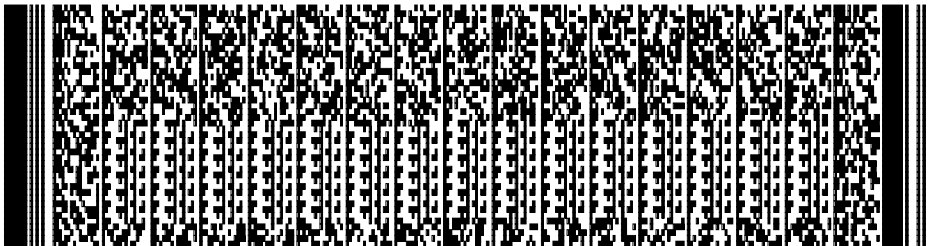
FILED FOR CHAPTER 11 BANKRUPTCY IN SEPT 2008 SEC MARKED CLOSE TO ZERO

Amount overdue		
(h) Principal	(i) Interest	
10074900	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	

(g)
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

Amount overdue		
(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, 2008
EIN: 91-6145047
Plan Number: 001

(a)	(b) Identity and address of obligor	(c) Original par of fixed income obligations	(d) Amount received during reporting year		(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Amount overdue	
			(d) Principal	(e) Interest			(h) Principal	(i) Interest
	Kaupthing Bank Borgatun 19 IS-105 Reykjavik, Iceland	\$ 230,000	\$ -	\$ -	\$ 230,000	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	\$ -
	Kaupthing Bank Borgatun 19 IS-105 Reykjavik, Iceland	1,320,000	-	-	1,320,000	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	-
	Kaupthing Bank Borgatun 19 IS-105 Reykjavik, Iceland	3,490,000	-	-	3,490,000	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	-
	Kaupthing Bank Borgatun 19 IS-105 Reykjavik, Iceland	11,225,000	-	-	11,225,000	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	-
	Landsbanki Hafnarstraeti 5 IS-155 Reykjavik, Iceland	1,890,000	-	-	1,890,000	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	-
	Glitnir Banki Soltun 26 IS-105 Reykjavik, Iceland	1,340,000			1,340,000	On October 7, 2008, the Icelandic Financial Supervisory Authority took control of Glitnir Banki.	1,340,000	

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, 2008
EIN: 91-6145047
Plan Number: 001

(a)	(b) Identity and address of obligor	(c) Original par of fixed income obligations	(d) Amount received during reporting year		(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Amount overdue	
			(d) Principal	(e) Interest			(h) Principal	(i) Interest
	Lehman Brothers, XS TR Ser 2007 2N 745 7th Avenue New York, NY 10019	5,144,536			5,144,536	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.	5,144,536	
	Lehman Brothers, XS TR 2005 7N 745 7th Avenue New York, NY 10019	7,025,861	-	-	7,025,861	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.	7,025,861	-
	Lehman Brothers, XS TR 2005 9N 745 7th Avenue New York, NY 10019	6,776,308	-	-	6,776,308	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.	6,776,308	-
	Lehman Brothers Holdings Inc. 745 7th Avenue New York, NY 10019	2,400,000	-	-	2,400,000	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.	2,400,000	-
	Lehman Brothers Holdings Inc. NT 745 7th Avenue New York, NY 10019	480,000	-	-	480,000	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.	480,000	-
	Lehman Brothers Holdings Inc. DTD 745 7th Avenue New York, NY 10019	340,000	-	-	340,000	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	-
	Lehman Brothers Holdings Inc. DTD 745 7th Avenue New York, NY 10019	900,000	-	-	900,000	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	-
	Lehman Brothers Holdings Inc. DTD 745 7th Avenue New York, NY 10019	1,275,000	-	-	1,275,000	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.	1,275,000	-
	Lehman Brothers Holdings Inc. Medium 745 7th Avenue New York, NY 10019	3,710,000	-	-	3,710,000	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.	3,710,000	-

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, 2008
EIN: 91-6145047
Plan Number: 001

(a)	(b) Identity and address of obligor	(c) Original par of fixed income obligations	(d) Amount received during reporting year		(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Amount overdue	
			Principal	Interest			Principal	Interest
	Lehman Brothers Holdings Inc. Medium 745 7th Avenue New York, NY 10019	2,475,000	-	-	2,475,000	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.	2,475,000	-
	Lehman Brothers Holdings Inc. MTN 745 7th Avenue New York, NY 10019	700,000	-	-	700,000	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.	700,000	-
	Lehman Brothers Holdings Inc. 745 7th Avenue New York, NY 10019	740,000	-	-	740,000	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.	740,000	-
	Lehman Brothers Holdings Inc. 745 7th Avenue New York, NY 10019	430,000	-	-	430,000	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	-
	Lehman Brothers Holdings Inc. 745 7th Avenue New York, NY 10019	2,450,000	-	-	2,450,000	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.	2,450,000	-
	Lehman Brothers Holdings Inc. 745 7th Avenue New York, NY 10019	2,050,000	-	-	2,050,000	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.	2,050,000	-
	Lehman Brothers Holdings Inc. MTN 745 7th Avenue New York, NY 10019	1,050,000	-	-	1,050,000	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	-
	Lehman Brothers E-CAP Trust I 745 7th Avenue New York, NY 10019	1,200,000	-	-	1,200,000	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.	1,200,000	-
	Lehman Brothers E-CAP Trust I 745 7th Avenue New York, NY 10019	820,000	-	-	820,000	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	-

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, 2008
EIN: 91-6145047
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(a)	(b) Identity and address of obligor	(c) Original par of fixed income obligations	(d) Amount received during reporting year		(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Amount overdue	
			Principal	Interest			Principal	Interest
	Lehman Brothers 6.25% 9/26/14 745 7th Avenue New York, NY 10019	5,840,000	-	181,040	276,589	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	276,589
	Lehman Brothers 5.75% 5/17/13 745 7th Avenue New York, NY 10019	3,955,000	-	113,706	141,501	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	141,501
	Lehman Brothers 3.95 11/10/09 745 7th Avenue New York, NY 10019	1,890,000	-	37,328	47,903	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	47,903
	Lehman Brothers 6.25% 9/26/14 745 7th Avenue New York, NY 10019	1,155,000	-	33,805	54,702	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	54,702
	Lehman Brothers 7.00% 9/27/27 745 7th Avenue New York, NY 10019	1,465,000	-	51,560	78,053	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	78,053
	Lehman Brothers 6.25% 9/26/14 745 7th Avenue New York, NY 10019	370,000	-	11,470	17,523	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	17,523
	Lehman Brothers 5.75% 5/17/13 745 7th Avenue New York, NY 10019	245,000	-	7,044	8,765	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	8,765
	Lehman Brothers 3.95% 11/10/09 745 7th Avenue New York, NY 10019	360,000	-	7,110	9,125	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	9,125
	Lehman Brothers 6.50% 7/19/17 745 7th Avenue New York, NY 10019	10,000	-	650	293	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	293

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, 2008
EIN: 91-6145047
Plan Number: 001

(a)	(b) Identity and address of obligor	(c) Original par of fixed income obligations	(d) Amount received during reporting year		(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Amount overdue	
			(d) Principal	(e) Interest			(h) Principal	(i) Interest
	Lehman Brothers 7.00% 9/27/27 745 7th Avenue New York, NY 10019	1,050,000	-	36,954	55,941	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	55,941
	Lehman Brothers 5.50% 4/4/16 745 7th Avenue New York, NY 10019	3,165,000	-	87,038	129,107	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	129,107
	Lehman Brothers 5.25% 2/6/12 745 7th Avenue New York, NY 10019	3,470,000	-	182,175	73,376	The Company filed Chapter 11 bankruptcy in September 2008. The security has been marked down pending any future resolution and possible recovery from the bankruptcy court.	-	73,376
	Lehman Brothers Holdings 7.25% Cv Pfd P 745 7th Avenue New York, NY 10019	9,117,879	-	-	9,117,879	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	-
	Lehman Brothers Holdings 8.75% Cv Pfd Q 745 7th Avenue New York, NY 10019	10,074,900	-	-	10,074,900	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	-
TOTALS		\$ 101,629,484	\$ -	\$ 749,880	\$ 79,547,362		\$ 78,654,484	\$ 892,878

Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	DAPHNEY'S GREEK CAFE	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN DIEGO, CA PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(j) Amount in arrears
		11836
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	MAKATI CHIROPRACTIC CENTER	RETAIL TENANT
(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)		
SHOPPING CENTER IN PACIFICA, CA PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(j) Amount in arrears
		7645
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GYMBOREE	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(j) Amount in arrears
		14094



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	HOLLYWOOD VIDEO	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON 10/30/06		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	10248
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SHOE PAVILION	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN DIMAS, CA PURCHASED ON 10/30/06		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	17004
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GODFATHER'S PIZZA	RETAIL TENANT
(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)		
SHOPPING CENTER IN TURLOCK, CA PURCHASED ON 10/30/06		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	50180



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	HARRISON JEWELERS	RETAIL TENANT
(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)		
SHOPPING CENTER IN TURLOCK, CA PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(g) Gross rental receipts during the plan year
		0
		(j) Amount in arrears
		12516
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	PRO BEAUTY SUPPLY	RETAIL TENANT
(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)		
SHOPPING CENTER IN TURLOCK, CA PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(g) Gross rental receipts during the plan year
		0
		(j) Amount in arrears
		7599
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GODFATHER'S PIZZA	RETAIL TENANT
(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)		
SHOPPING CENTER IN RENO, NV PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(g) Gross rental receipts during the plan year
		0
		(j) Amount in arrears
		41040



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SCRAPBOOK ATELIER	RETAIL TENANT

(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)
 SHOPPING CENTER IN RENO, NV PURCHASED ON 10/30/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	10917

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SUNSATIONS	RETAIL TENANT

(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)
 SHOPPING CENTER IN RENO, NV PURCHASED ON 10/30/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	21103

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	UNITED STUDIOS OF SELF DEFENSE	RETAIL TENANT

(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)
 SHOPPING CENTER IN RENO, NV PURCHASED ON 10/30/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	6729



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SUNSET NAIL SALON	RETAIL TENANT
(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)		
SHOPPING CENTER IN PORTLAND, OR PURCHASED ON 10/30/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(g) Gross rental receipts during the plan year
		0
		(j) Amount in arrears
		7369
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	ANNENDARIZ & ASSOCIATES	OFFICE TENANT
(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)		
OFFICE BUILDING IN GLENDALE, CA PURCHASED ON 12/27/07		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(g) Gross rental receipts during the plan year
		0
		(j) Amount in arrears
		8441
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	HIS	OFFICE TENANT
(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)		
OFFICE BUILDING IN RANCHO CUCAMONGA, CA PURCHASED ON FEB. 2008		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(h) Expenses paid during the plan year	(i) Net receipts
	-2459	5800
		(g) Gross rental receipts during the plan year
		8259
		(j) Amount in arrears
		9797



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	CARE LEVEL MANAGEMENT	OFFICE TENANT
(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)		
OFFICE BUILDING IN RANCHO CUCAMONGA, CA PURCHASED IN FEB. 2008		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	-5834	-5834
		(j) Amount in arrears
		13602
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	DOS GATOS, LTD DBA EL TACO TOTE	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN ANTONIO, TX PURCHASED ON 03/06/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(j) Amount in arrears
		19524
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	HANCOCK FABRICS, INC.	RETAIL TENANT
(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)		
SHOPPING CENTER IN SAN ANTONIO, TX PURCHASED ON 03/06/06		
	(e) Original cost	(f) Current value at time of lease
	0	0
	(g) Gross rental receipts during the plan year	0
	(h) Expenses paid during the plan year	(i) Net receipts
	0	0
		(j) Amount in arrears
		12801



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SAN LITES, LLC DBA LA WEIGHTLOSS	RETAIL TENANT

(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)
 SHOPPING CENTER IN SAN ANTONIO, TX PURCHASED ON 03/06/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	7260

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	LYNN & TAYLOR BEAUTY PRODUCTS	RETAIL TENANT

(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)
 SHOPPING CENTER IN SAN ANTONIO, TX PURCHASED ON 03/06/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	6574

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SHERWIN WILLIAMS	RETAIL TENANT

(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)
 SHOPPING CENTER IN SAN ANTONIO, TX PURCHASED ON 03/06/06

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	0
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	0	6625



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SUZAN YEE & ASSOCIATES	NONE
(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)		
COMMERCIAL OFFICE, TENANT MOVED IN, IN 2004, 5YR LEASE 05/04-05/10		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	73704
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	66741	6963
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	MODERNISM	NONE
(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)		
COMMERCIAL OFFICE TENANT MOVED IN, IN 1986. COLLECTED IN 12/08		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	131606
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	120120	11486
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SF LAW LIBRARY	NONE
(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)		
COMMERCIAL OFFICE TENANT MOVED IN, IN 1986. COLLECTED IN 12/08		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	153798
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	138106	15692



Part II Schedule of Leases in Default or Classified as Uncollectible

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	STYLEHIVE	NONE

(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)
 COMMERCIAL OFFICE 2 YR LEASE 08/06-08/08. COLLECTED IN 02/09

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
0	0	83020
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	76598	6422

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GUENTHER	NONE

(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)
 APT MALTA, NY 12/31/06.TENANT EVICTED JUDGMNT REC'D 200 WROTE OFF BAL.

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
6017	0	6017
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	467	5550

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	THE FOLLOWING DOLLAR AMOUNTS ARE	FROM MULTIPLE LESSOR/LESSEE

(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)
 SEE ATTACHED SCHEDULE FOR BREAKDOWN OF ALL AMOUNTS LESS THAN 4,500.00

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
47358	0	600681
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
0	562257	60964



**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2008**

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Sunset Mall	Sunset Nail Salon	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 owes December rent, CAM and other charges. Working with tenant to collect A/R.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,369
520 Central	Armendariz & Associates	Office Tenant	Office Building, Glendale, CA purchased 12/27/07. Office Lease 5 year term, Full Gross, one five year option to extend. Tenant was on a month to month basis; vacated premise and did not pay their last month's holdover rent.	-	-	-	-	-	8,441
Havengate Center	HIS	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. Tenant defaulted on lease and moved out in May 2008. Budget plan anticipated 3 months of income. Asset search revealed no assets. Expenses are attributed to legal fees. Amount in arrears was written off in 2008.	-	-	8,259	(2,459)	5,800	9,797
Havengate Center	Care Level Management	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. Tenant filed for Chapter 11 bankruptcy and moved out May 2008. Budget plan did not include any income. Landlord was able to recover \$50,000 Letter of Credit. Expenses are attributed to legal fees. Amount in arrears was for prior ownership receivable was written off in 2008.	-	-	-	(5,834)	(5,834)	13,602

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
685 Market Street	Air Broker, Inc.	None	Commercial Office, Tenant moved in in 2002; 5-year lease 8/1/07-7/31/12. All expenses are billed back to the tenant on a pro-rata share. Tenant owed minor balance for operating expense reconciliation. Collected 1/09.	\$ -	\$ -	\$ 81,419	\$ -	\$ 81,231	\$ 188
685 Market Street	Suzan Yee & Associates	None	Commercial Office, Tenant moved in in 2004; 5-year lease 5/18/04-5/31/2010. All expenses are billed back to the tenant on a pro-rata share. Tenant check was lost in the mail and collected after y/end cut-off. Collected 12/08.	-	-	73,704	-	66,741	6,963
685 Market Street	EDP dba TAC Worldwide	None	Commercial Office, Tenant moved in in 2004; 5-year lease 8/1/07-7/31/12. All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for renewal rent and OPEX. Noticed tenant of Default. Collected 4/09.	-	-	45,501	-	42,318	3,183
685 Market Street	IMG Worldwide	None	Commercial Office, Moved in in 2005; 5-year lease 8/1/05-7/31/10. All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for rent increase. Noticed tenant of Default. Collected 4/09.	-	-	117,661	-	115,041	2,620
685 Market Street	Legrin, Inc.	None	Retail Tenant, Tenant vacated in 2008 and owed balance for operating expense reconciliation. This balance was considered uncollectible and written off 2/09.	-	-	-	-	(2,805)	2,805
685 Market Street	Lenscrafters	None	Retail Tenant moved in in 1987; All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for operating expense reconciliation. Collected 1/09.	-	-	308,742	-	305,026	3,716
685 Market Street	Modernism	None	Commercial Office, Moved in in 1986. Sixth Amendment with 5-year term 3/1/06-2/29/12. All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for December rent. Check was received after y/end cut-off. Collected 12/08.	-	-	131,606	-	120,120	11,486

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Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2008**

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
685 Market Street	SF Law Library	None	Commercial Office, Moved in in 1986. Second Amendment with 10-year term 6/15/02-6/14/12. All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for December rent. Check was received after y/end cut-off. Collected 12/08.	\$ -	\$ -	\$ 153,798	\$ -	\$ 138,106	\$ 15,692
685 Market Street	Stylehive	None	Commercial Office, 2-year lease 8/15/06-8/14/08. All expenses are billed back to the tenant on a pro-rata share. Tenant owed balance for rent increase. Tenant vacated and back balance was collected 2/09.	-	-	83,020	-	76,598	6,422
Steeplechase At Malta	Cataldo	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 02-09, moved in 6/27/08, monthly rent is \$1050. Collected 1/13/09	1,050	-	1,050	-	476	574
Steeplechase At Malta	Miciotta	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 02-10, moved in 10/13/07, monthly rent is \$1650. Resident vacated, sent to legal collections and wrote off balance.	1,650	-	1,650	-	1,162	488
Steeplechase At Malta	Wolfe	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 03-10, moved in 7/8/07, monthly rent is \$1345. Collected 12/9/08.	1,345	-	1,345	-	1,291	54
Steeplechase At Malta	Penree	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 05-02, moved in 3/29/08, monthly rent is \$1205. Collected 12/12/08	1,205	-	1,205	-	-	1,205

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Steeplechase At Malta	Villa	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 05-04, moved in 7/1/06, monthly rent is \$1465. Collected 12/16/08	\$ 3,003	\$ -	\$ 3,003	\$ -	\$ 1,485	\$ 1,528	
Steeplechase At Malta	Rossi	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 06-10, moved in 3/12/08, monthly rent is \$1335. Collected 12/17/08	1,402	-	1,402	-	(0)	1,402	
Steeplechase At Malta	Moffit	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 08-08, moved in 6/6/06, \$1060. Collected 12/23/08 & 1/25/09	3,711	-	3,711	-	1,000	2,711	
Steeplechase At Malta	Roberts	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 8-02, moved in 12/1/07, monthly rent is \$1250. Collected 1/09	1,250	-	1,250	-	1,205	45	
Steeplechase At Malta	Riggi	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 08-08, Resident vacated, sent to legal collections, collected \$200 and wrote off balance.	3,164	-	3,164	-	0	3,164	

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2008**

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Steeplechase At Malta	Salenger	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 09-02, moved in 7/28/07, monthly rent is \$1125. Resident moved out, sent to legal collections, collected \$300.96 and wrote off balance.	\$ 1,125	\$ -	\$ 1,125	\$ -	\$ 376	\$ 749	
Steeplechase At Malta	Galietta	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 09-03, moved in 3/1/08, monthly rent is \$ 1420. Resident moved out, sent to legal collections, collected 300.86 and wrote off balance.	1,420	-	1,420	-	171	1,249	
Steeplechase At Malta	Grecco	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 11-03, moved in 5/6/08, monthly rent is \$1430, Collected 12/15/08	1,430	-	1,430	-	929	501	
Steeplechase At Malta	Bumford	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 11-04, moved in 2/1/08, monthly rent is \$1515. Collected 1/09	1,515	-	1,515	-	1,441	74	
Steeplechase At Malta	Myron	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 12-05, moved in 8/9/07, monthly rent is \$985. Collected 1/09	985	-	985	-	846	139	

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Steeplechase At Malta	Lyman	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 12-07, moved in 12/1/06, monthly rent is \$1285. Collected 1/09	\$ 1,410	\$ -	\$ 1,410	\$ -	\$ 1,375	\$ 35	
Steeplechase At Malta	Kelsch	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 14-02, moved in 11/6/06, monthly rent is \$1185. Resident moved out, sent to legal collections, collected \$200 and wrote off balance	1,185	-	1,185	-	925	260	
Steeplechase At Malta	Guenther	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 14-10, moved in 11/8/06, monthly rent is \$1275, Resident evicted, judgment received, collected \$200 and wrote off balance.	6,017	-	6,017	-	467	5,550	
Steeplechase At Malta	Lawrence	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 15-07, moved in 3/15/08, monthly rent is \$1255. Collected 1/09	1,255	-	1,255	-	1,192	63	
Steeplechase At Malta	Wilson	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 17-06, moved in 5/20/08, monthly rent is \$1165. Collected 1/09	1,165	-	1,165	-	1,162	3	

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Steeplechase At Malta	Woods	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 18-04, moved in 12/5/07, monthly rent is \$ 1430. Resident vacated, sent to legal collections, collected \$300 and wrote off balance.	\$ 1,430	\$ -	\$ 1,430	\$ -	\$ 1,096	\$ 334	
Steeplechase At Malta	Hare	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 19-09, moved in 9/7/07, monthly rent is \$ 1155. Resident vacated, sent to legal collections, collected \$100 and wrote off balance.	4,438	-	4,438	-	155	3,585	
Steeplechase At Malta	Clark	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 20-02, moved in 5/10/08, monthly rent is \$ 1195. Resident vacated, sent to legal collections and wrote off balance.	1,195	-	1,195	-	1,133	62	
Steeplechase At Malta	Olsen	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 20-04, moved in 8/28/06, monthly rent is \$ 1480. Collected 12/12/08	1,480	-	1,480	-	-	1,480	
Steeplechase At Malta	Campanella	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 21-09, moved in 8/1/07, monthly rent is \$ 1030. Resident vacated, sent to legal collections, collected \$100 and wrote off balance.	1,155	-	1,155	-	192	963	

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	
Steeplechase At Malta	Gibson	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 21-09, moved in 9/12/08, monthly rent is \$ 1040. Collected 12/12/08	\$ 1,040	\$ -	\$ 1,040	\$ -	\$ -	\$ 1,040	
Steeplechase At Malta	Guzman	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 22-08, moved in 12/10/07, monthly rent is \$ 1195. Collected 1/09.	1,195	-	1,195	-	1,190	5	
Steeplechase At Malta	Grier	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 22-10, moved in 7/23/07, monthly rent is \$ 1510. Resident vacated, sent to legal collections, collected \$1500 and wrote off balance.	1,835	-	1,835	-	100	1,735	
Steeplechase At Malta	Ayala	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 21-08, moved in 12/16/06, monthly rent is \$ 1060. Resident vacated, sent to legal collections, collected \$250 and wrote off balance.	1,175	-	1,175	-	737	438	
Steeplechase At Malta	Spinella	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 23-10, moved in 11/4/06, monthly rent is \$ 1510. Collected 1/09	1,510	-	1,510	-	1,490	20	

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2008**

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	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)
Steeplechase At Malta	Near	None	Apt., Malta, NY, 12/30/06 Rental leases are usually 6 months to 1 year with the option to renew at full market rate. Expenses (i.e. taxes, insurance, repairs, etc.) are the responsibility of the owner. Renters insurance is the responsibility of the resident. Apt. 24-02, moved in 9/7/07, monthly rent is \$1635. Collected 2/16/09	\$ 1,635	\$ -	\$ 1,635	\$ -	\$ 317	\$ 1,318
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. Currently working with tenant to collect A/R.	-	-	-	-	-	763
TOTAL				\$ 53,375	\$ -	\$ 1,057,084	\$ (8,293)	\$ 964,255	\$ 409,981

Part III Nonexempt Transactions

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 transactions including maturity date, rate of interest, collateral, par or maturity value	

(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Expenses incurred in connection with transaction
(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) Expenses incurred in connection with transaction
(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) Expenses incurred in connection with transaction
(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.**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar year 2008 or fiscal plan year beginning _____, and ending _____,

A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	B Three-digit plan number ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND	D Employer Identification Number 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	a	6769610	3566992
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	92189260	92236021
(2) Participant contributions	b(2)		
(3) Other	b(3)	1875567964	792940872
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	c(1)	2309092414	2624913205
(2) U.S. Government securities	c(2)	8118528001	6067299049
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All other	c(3)(B)	7083791550	5576500947
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)	4481864651	1947590031
(5) Partnership/joint venture interests	c(5)	59930797	805732357
(6) Real estate (other than employer real property)	c(6)	2384690322	2139194043
(7) Loans (other than to participants)	c(7)	47915590	33966407
(8) Participant loans	c(8)		
(9) Value of interest in common/collective trusts	c(9)	9913712636	6463059763
(10) Value of interest in pooled separate accounts	c(10)	2000461010	2418552397
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts) ..	c(14)	191120958	170043654
(15) Other	c(15)		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule H (Form 5500) 2008



		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
	(1) Employer securities	d(1)	
	(2) Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	19351066 17650115
f	Total assets (add all amounts in lines 1a through 1e)	f	38584985829 29153245853
Liabilities			
g	Benefit claims payable	g	8565880 11504070
h	Operating payables	h	89447671 17744379
i	Acquisition indebtedness	i	
j	Other liabilities	j	6172972212 4179151431
k	Total liabilities (add all amounts in lines 1g through 1j)	k	6270985763 4208399880
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	32314000066 24944845973

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	a(1)(A)	1350529596
	(B) Participants	a(1)(B)	
	(C) Others (including rollovers)	a(1)(C)	
	(2) Noncash contributions	a(2)	
	(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	a(3)	1350529596
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	10945245
	(B) U.S. Government securities	b(1)(B)	156184532
	(C) Corporate debt instruments	b(1)(C)	339905809
	(D) Loans (other than to participants)	b(1)(D)	3092024
	(E) Participant loans	b(1)(E)	
	(F) Other	b(1)(F)	73596768
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	583724378
	(2) Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	88895590
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	88895590
	(3) Rents	b(3)	130096308
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	28267156962
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	28870181640
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.	b(4)(C)	-603024678



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A) -438595817	
(B) Other	b(5)(B) -1844010367	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	-2282606184
(6) Net investment gain (loss) from common/collective trusts	b(6)	-4231860455
(7) Net investment gain (loss) from pooled separate accounts	b(7)	-170187276
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	-544190
c Other income	c	1749042
d Total income. Add all income amounts in column (b) and enter total	d	-5133227869
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1) 2062539027	
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	2062539027
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	39142
i Administrative expenses: (1) Professional fees	i(1) 3973419	
(2) Contract administrator fees	i(2) 57089984	
(3) Investment advisory and management fees	i(3) 95159061	
(4) Other	i(4) 17125591	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	173348055
j Total expenses. Add all expense amounts in column (b) and enter total	j	2235926224
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-7369154093
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(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) ▶ 52-2385296
 LINDQUIST LLP

d The opinion of an independent qualified public accountant is **not attached** because:
(1) this form is filed for a CCT, PSA or MTIA. **(2)** it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



Part IV Transactions During Plan Year

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

During the plan year:

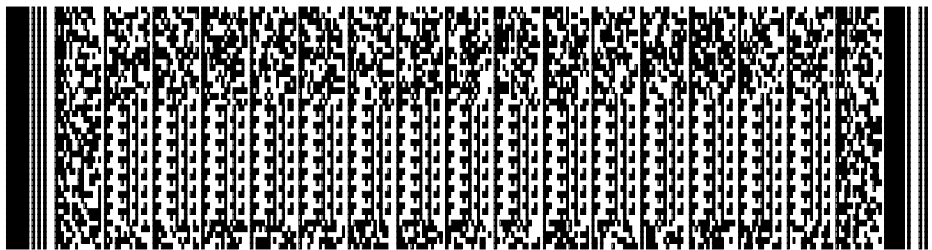
- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the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

	Yes	No	Amount
a		X	
b	X		79547362
c	X		409981
d		X	
e	X		20000000
f		X	
g	X		463453818
h		X	
i	X		
j	X		
k		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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



1 8 0 8 6 0 0 4 0 R

ATTACHMENT TO 2008 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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 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.**

Official Use Only

OMB No. 1210-0110

2008

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

For calendar year 2008 or fiscal plan year beginning _____, and ending _____,

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

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 \$
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 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	3 990

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 7.

5 If a waiver of the minimum funding standard for a prior plan year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ► 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.

6a 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 \$

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

Part III Amendments

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

Part IV Coverage (See instructions.)

9 Check the box for the test this plan used to satisfy the coverage requirements ratio percentage test average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule R (Form 5500) 2008



Attachment to Form 5500
2008 Schedule R. - Certain Information for Multiemployer Plan
Western Coference of Teamsters Pension Plan
EIN: 914-6145047
Plan Number: 001
Page 1

Additional information for Multiemployer Defined Benefit Pension Plans

1. Total number of employers obligated to contribute to the plan in 2008 1,996

2. Enter the following information for each employer who contributes more than 5% of total contributions to the plan during the plan year (measured in dollars). *Complete as many entries as needed to report all applicable employers. List employers in descending order according to the dollar amount of their contributions.*

a. Name of contributing employer:	<u>United Parcel Service</u>			
b. EIN:	<u>36-2407381</u>			
c. Dollar amount contributed:	<u>\$417,577,190</u>			
d. Date collective bargaining agreement expires:	<u>07/31/2008</u>			
	<u>07/31/2013</u>			
e. Hourly contribution rates:				
	<u>\$7.26</u>	<u>\$7.25</u>	<u>\$7.20</u>	<u>\$7.15</u>
	<u>\$7.05</u>	<u>\$7.00</u>	<u>\$6.95</u>	<u>\$6.45</u>
	<u>\$6.44</u>	<u>\$6.39</u>	<u>\$6.35</u>	<u>\$6.32</u>
	<u>\$6.26</u>	<u>\$5.85</u>	<u>\$5.41</u>	<u>\$5.32</u>
	<u>\$5.10</u>	<u>\$5.00</u>	<u>\$4.90</u>	<u>\$3.90</u>
	<u>\$2.40</u>	<u>\$0.10</u>		

a. Name of contributing employer:	<u>YRC Inc.</u>			
b. EIN:	<u>93-0262830</u>			
c. Dollar amount contributed:	<u>\$73,921,355</u>			
d. Date collective bargaining agreement expires:	<u>03/31/2008</u>			
	<u>12/31/2008</u>			
	<u>05/31/2012</u>			
e. Hourly contribution rates:				
	<u>\$5.13</u>	<u>\$4.25</u>	<u>\$1.25</u>	<u>\$0.20</u>
	<u>\$0.10</u>			

Attachment to Form 5500
2008 Schedule R. - Certain Information for Multiemployer Plan
Western Conference of Teamsters Pension Plan
EIN: 914-6145047
Plan Number: 001
Page 2

Additional information for Multiemployer Defined Benefit Pension Plans

3. All participants for whom no contributions required in plan year & whose last employer withdrew before beginning of plan year
- | | |
|--|--------|
| a. The current year (2008): | 95,220 |
| b. The plan year immediately preceding the current plan year (2007): | 92,952 |
| c. The second preceding plan year (2006): | 92,986 |
4. Ratios based on number of participants for whom no contributions required in plan year & whose last employer withdrew before beginning of plan year (from item 3) plus all vested terminated and retired participants for whom no contributions required in plan year and whose last employer was still active at beginning of plan year
- | | |
|--|---------|
| a. The current year (2008): | 284,995 |
| b. The plan year immediately preceding the current plan year (2007): | 277,283 |
| c. The second preceding plan year (2006): | 268,104 |
- Ratios
- | | |
|------------------------|------|
| a. Item 3a to item 3b | 1.03 |
| b. Item 3a to item 3c: | 1.06 |
5. 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 (2007): | 207 |
| b. If item 5a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers: | 0 |
6. If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check the box and complete the below information for the other plan(s): N/A
- | | |
|--|-------|
| a. Name of Plan: | _____ |
| b. EIN: | _____ |
| c. Actuarial valuation of total assets: | _____ |
| d. Actuarial valuation of total liabilities: | _____ |

Attachment to Form 5500
2008 Schedule R - Distribution of Asset Information
Western Conference of Teamsters Pension Plan
EIN: 91-6145047
Plan Number: 001

Additional information for Single-Employer and Multiemployer Defined Benefit Pension Plans with over 1,000, participants.

Schedule R, Funded Percentages of Plans Contributing to the Liabilities of Plan Participants

1. 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 complete the information below: N/A
- a. Name of Plan: _____
- b. EIN: _____
- c. Plan number: _____
- d. Funded percentage of each plan as of the last day of the 2007 plan year: _____

Schedule R, Distribution of Assets Information

1. If the total number of participants is 1,000 or more, enter the percentage of plan assets held as the beginning of the year:

Stocks	<u>45%</u>
Investment-grade debt instruments	<u>42%</u>
High-yield debt instruments	<u>2%</u>
Real Estate	<u>10%</u>
Other asset classes	<u><1%</u>

2. Indicate the average duration of the plan's debt portfolio by using one of the following categories:

a. 0-3 years	<input type="text"/>	d. 9-12 years	<input type="text"/>	g. 18-21 years	<input type="text"/>
b. 3-6 years	<input checked="" type="checkbox"/>	e. 12-15 years	<input type="text"/>	h. 21 years or more	<input type="text"/>
c. 6-9 years	<input type="text"/>	f. 15-18 years	<input type="text"/>		

Note: If the average duration falls exactly on the boundary of two categories, report the category with the lower duration.

3. Average duration measure used:

- a. Effective Duration
- b. Macaulay Duration
- c. Modified Duration
- d. Other (Specify) _____

**SCHEDULE SSA
(Form 5500)**

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500 unless box 1 is checked.

Department of the Treasury
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2008

This Form is NOT Open
to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning _____ and ending _____

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

1 Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

**SIGN
HERE**

Signature of plan
administrator ▶

Richard L. Dodge - Chairman

Charles Mack - Co-Chairman/Sec

Richard L. Dodge

Charles Mack

Phone number of plan administrator ▶ 206-329-4900

Date ▶ 10/13/2009

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3 Schedule SSA (Form 5500) 2008

