

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

2007

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2007 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.

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	<i>Anthony C. Lock</i>	10/13/2008	ANTHONY C. LOCK, CHAIRMAN
	Signature of plan administrator	Date	Type or print name of individual signing as plan administrator
SIGN HERE	<i>Richard L. Dodge</i>	10/13/2008	RICHARD L. DODGE, 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. v10.1 Form **5500** (2007)



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	524359
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	238250
b Retired or separated participants receiving benefits	7b	126700
c Other retired or separated participants entitled to future benefits	7c	168201
d Subtotal. Add lines 7a , 7b , and 7c	7d	533151
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	1875
f Total. Add lines 7d and 7e	7f	535026
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	15209

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(i) insurance contracts

(3) Trust

(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) Insurance

(2) Code section 412(i) 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 7 3 2 0 3 0 H

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see Instructions) WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEES Number, street, and room or suite no. (If a P.O. box, see instructions) 2323 EASTLAKE AVENUE EAST City or town, state, and ZIP code SEATTLE WA 98102-3305	B Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). 91-6145047 <input type="checkbox"/> Social security number (SSN)																							
C <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 55%;">Plan name</th> <th rowspan="2" style="width: 10%;">Plan number</th> <th colspan="3" style="border-bottom: 1px solid black;">Plan year ending—</th> </tr> <tr> <th style="width: 10%;">MM</th> <th style="width: 10%;">DD</th> <th style="width: 15%;">YYYY</th> </tr> </thead> <tbody> <tr> <td>1 WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN</td> <td style="text-align: center;">0 0 1</td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">2007</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Plan name	Plan number	Plan year ending—			MM	DD	YYYY	1 WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	0 0 1	12	31	2007	2					3					
Plan name			Plan number	Plan year ending—																				
	MM	DD		YYYY																				
1 WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	0 0 1	12	31	2007																				
2																								
3																								

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2008 to file Form 5500 or Form 5500-EZ.

The application is automatically approved to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

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

2 I request an extension of time until _____ / _____ / _____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax ►

a

b Enter the payment amount attached ►

b	
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c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
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3 State in detail why you need the extension

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

Signature ► Anthony C. Lock Chairman Richard L. Dodge Co-Chairman/Sec.
 Date ► 07/14/2008

MGA

**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

2007

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

For calendar plan year 2007 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	78194	01/01/2007	12/31/2007

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. v10.1 Schedule A (Form 5500) 2007



0 6 0 7 3 2 0 1 0 J



(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	



0 6 0 7 3 2 0 2 0 K



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	191120958
4	Current value of plan's interest under this contract in separate accounts at year end	4355307230
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	204133867
c	Additions: (1) Contributions deposited during the year	
	(2) Dividends and credits	
	(3) Interest credited during the year	14999500
	(4) Transferred from separate account	
	(5) Other (specify below)	2192483
	▶ <u>EXPERIENCE ADJUSTMENT</u>	
	(6) Total additions	17191983
d	Total of balance and additions (add b and c(6))	221325850
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	30204892
	(4) Other (specify below)	
	▶ _____	
	(5) Total deductions	30204892
f	Balance at the end of the current year (subtract e(5) from d)	191120958



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.

9 Nonexperience-rated contracts:

- a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs



0 6 0 7 3 2 0 4 0 M
[Barcode]

**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

2007

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

For calendar plan year 2007 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	535026	01/01/2007	12/31/2007

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. v10.1 Schedule A (Form 5500) 2007



(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	



0 6 0 7 3 2 0 2 0 K



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	6619381713
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	
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 7 3 2 0 3 0 L

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.

9 Nonexperience-rated contracts:

- a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs



0 6 0 7 3 2 0 4 0 M
[Barcode]

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.
▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2007 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 ... ▶ 001

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

D Employer Identification Number
91-6145047

E Type of plan: (1) Multiemployer (2) Single-employer (3) Multiple-employer

F 100 or fewer participants in prior plan year

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

1a Enter the actuarial valuation date: Month 01 Day 01 Year 2007

b Assets:

(1) Current value of assets	b(1)	31394717000
(2) Actuarial value of assets for funding standard account	b(2)	29492088000
c (1) Accrued liability for plans using immediate gain methods	c(1)	32793601000
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

SIGN HERE

John Thomas Bolen

Signature of actuary

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

Type or print name of actuary

MGINN ACTUARIES LTD.

Firm name

2400 EAST KATELLA AVE., SUITE 660

ANAHEIM

CA

92806-5961

Address of the firm

10/6/2008

Date

G 08-00382

Most recent enrollment number

714-634-8337

Telephone number (including area code)

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

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

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	36820347000
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	969802000
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	2034547000

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a	31394717000
-------------------------------------------------------------------	-----------	-------------

b "RPA '94" current liability:

	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	221198	19343645000	19363361000
(2) For terminated vested participants	156250	3868238000	3868691000
(3) For active participants	232950	11365943000	13588295000
(4) Total	610398	34577826000	36820347000

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

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

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
02/15/2007	99050000		10/15/2007	117428000	
03/15/2007	111094000		11/15/2007	108880000	
04/15/2007	117000000		12/15/2007	101851000	
05/15/2007	108930000		01/15/2008	92225000	
06/15/2007	111937000				
07/15/2007	116629000				
08/15/2007	113207000				
09/15/2007	122127000				
3 Totals ▶ (b)				1320358000	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

a Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions).	4a	%
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b If line 4a is less than 100%, see instructions, and complete the following table as applicable:

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



0 8 0 7 3 2 0 2 0 M



- 5** Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a** Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit)
- d** Aggregate **e** Frozen initial liability **f** Individual level premium
- g** Individual aggregate **h** Other (specify) ▶ _____
- i** Has a change been made in funding method for this plan year?..... Yes No
- j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40?..... Yes No
- k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	5.78	%	<input type="checkbox"/> N/A								
b Weighted average retirement age	6b	57		<input type="checkbox"/> N/A								
c Rates specified in insurance or annuity contracts	6c	<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>		Pre-retirement		Post-retirement		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Pre-retirement		Post-retirement										
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No									
d Mortality table code for valuation purposes:												
(1) Males	d(1)	6	6-1									
(2) Females	d(2)	6F+2	6F+2									
e Valuation liability interest rate	6e	6.91	%	<input type="checkbox"/> N/A								
f Expense loading	6f	13.6	%	<input checked="" type="checkbox"/> N/A								
g Annual withdrawal rates:												
(1) Age 25	g(1)	S	9.11 %									
(2) Age 40	g(2)	S	7.76 %									
(3) Age 55	g(3)	S	6.08 %									
h Salary scale	6h		%	<input checked="" type="checkbox"/> N/A								
i Estimated investment return on actuarial value of assets for year ending on the valuation date	6i	7.6	%									
j Estimated investment return on current value of assets for year ending on the valuation date	6j	10.6	%									

7 New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	111100000	11410000
3	209802000	15815000
4	-68098000	-5133000

- 8** Miscellaneous information:
- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year



- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a	Prior year funding deficiency, if any	9a	0
b	Employer's normal cost for plan year as of valuation date	9b	482312000
c	Amortization charges as of valuation date:	Outstanding Balance	
(1)	All bases except funding waivers ▶ (\$ 4677654000)	c(1)	532098000
(2)	Funding waivers ▶ (\$ 0)	c(2)	0
d	Interest as applicable on lines 9a, 9b, and 9c	9d	72023000
e	Additional interest charge due to late quarterly contributions, if applicable	9e	
f	Adjusted additional funding charge from Part II, line 12q, if applicable <input checked="" type="checkbox"/> N/A	9f	
g	Total charges. Add lines 9a through 9f	9g	1086433000
Credits to funding standard account:			
h	Prior year credit balance, if any	9h	1376142000
i	Employer contributions. Total from column (b) of line 3.	9i	1320358000
j	Amortization credits as of valuation date ▶ (\$ 0)	9j	0
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	136928000
l	Full funding limitation (FFL) and credits		
(1)	ERISA FFL (accrued liability FFL)	l(1)	5448914000
(2)	"RPA '94" override (90% current liability FFL)	l(2)	2989541000
(3)	FFL credit	l(3)	0
m	(1) Waived funding deficiency	m(1)	0
	(2) Other credits	m(2)	0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	2833428000
o	Credit balance: If line 9n is greater than line 9g, enter the difference	9o	1746995000
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0
Reconciliation account:			
q	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2)	Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3)	Due to waived funding deficiencies:		
	(a) Reconciliation outstanding balance as of valuation date	q(3)(a)	0
	(b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4)	Total as of valuation date ▶	q(4)	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0

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



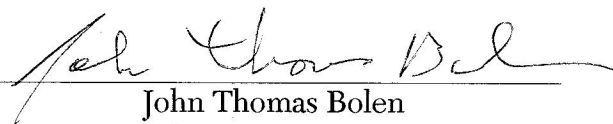
**WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
EMPLOYER I.D. NO. 91-6145047, PLAN 001
FORM 5500 ATTACHMENT FOR CALENDAR YEAR ENDING DECEMBER 31, 2007**

STATEMENT BY ENROLLED ACTUARY

In my opinion, the assumptions used in preparing the 2007 Schedule B, 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, 2007 Actuarial Valuation.

10/6/2008
Date


John Thomas Bolen
Enrollment No. 08-00382

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

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

AMORTIZATION SCHEDULE	Year Established	Balance	Years Remaining	Amortization Payment
CHARGES:				
Combined Base	1984	\$4,424,850,000	12.3	\$512,619,000
Plan Change	2007	\$209,802,000	30.0	\$15,815,000
Experience Loss	2007	<u>\$111,100,000</u>	15.0	<u>\$11,410,000</u>
Total		\$4,745,752,000		\$539,844,000
CREDITS:				
Assumption Change	2007	\$68,098,000	30.0	\$5,133,000
Total		<u>\$68,098,000</u>		<u>\$5,133,000</u>
COMBINED BASE:	2006	\$4,677,654,000	12.7	\$532,098,000

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

Item 6b - Retirement Age

Determination of Weighted Average Retirement Age
 Implied by WCT Retirement Rate Table
 for Vested Terminated Participants
 without subsidized Early Retirement Benefits

(i) Age Last Birthday	(ii) Rate	(iii) Actives	(iv) Retirees
49	0%	100,000	
50	0%	100,000	0
51	0%	100,000	0
52	0%	100,000	0
53	0%	100,000	0
54	16%	100,000	0
55	12%	84,000	16,000
56	6%	73,920	10,080
57	6%	69,485	4,435
58	6%	65,316	4,169
59	10%	61,397	3,919
60	10%	55,257	6,140
61	30%	49,731	5,526
62	20%	34,812	14,919
63	15%	27,850	6,962
64	30%	23,673	4,177
65	20%	16,571	7,102
66	6%	13,257	3,314
67	6%	12,462	795
68	6%	11,714	748
69	100%	11,011	703
70		0	11,011
Weighted Average Retirement Age			61.1 *

Formula: $\text{Sum}((i) * (iv)) / 100,000$

*The five weighted retirement ages shown on these attachments were averaged together.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

Item 6b - Retirement Age

Determination of Weighted Average Retirement Age
 Implied by WCT Retirement Rate Table
 for Non PEER Active Participants

(i) Age Last Birthday	(ii) Rate	(iii) Actives	(iv) Retirees
49	3%	100,000	
50	3%	97,000	3,000
51	3%	94,090	2,910
52	3%	91,267	2,823
53	3%	88,529	2,738
54	8%	85,873	2,656
55	6%	79,003	6,870
56	6%	74,263	4,740
57	6%	69,807	4,456
58	6%	65,619	4,188
59	10%	61,682	3,937
60	10%	55,514	6,168
61	35%	49,963	5,551
62	35%	32,476	17,487
63	15%	21,109	11,367
64	30%	17,943	3,166
65	30%	12,560	5,383
66	20%	8,792	3,768
67	20%	7,034	1,758
68	20%	5,627	1,407
69	100%	4,502	1,125
70		0	4,502
Weighted Average Retirement Age			60.2 *

Formula: $\text{Sum}((i) * (iv)) / 100,000$

*The five weighted retirement ages shown on these attachments were averaged together.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

Item 6b - Retirement Age

Determination of Weighted Average Retirement Age
 Implied by WCT Retirement Rate Table
 for PEER Eligible Active Participants

(i) Age Last Birthday	(ii) Rate	(iii) Actives	(iv) Retirees
49	15%	100,000	
50	15%	85,000	15,000
51	15%	72,250	12,750
52	15%	61,413	10,837
53	15%	52,201	9,212
54	16%	44,371	7,830
55	12%	37,272	7,099
56	12%	32,799	4,473
57	12%	28,863	3,936
58	12%	25,399	3,464
59	20%	22,351	3,048
60	20%	17,881	4,470
61	35%	14,305	3,576
62	35%	9,298	5,007
63	15%	6,044	3,254
64	30%	5,137	907
65	30%	3,596	1,541
66	20%	2,517	1,079
67	20%	2,014	503
68	20%	1,611	403
69	100%	1,289	322
70		0	1,289

Weighted Average Retirement Age 55.3 *

Formula: $\text{Sum}((i) * (iv)) / 100,000$

*The five weighted retirement ages shown on these attachments were averaged together.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

Item 6b - Retirement Age

Determination of Weighted Average Retirement Age
 Implied by WCT Retirement Rate Table
 for PEER Eligible Vested Terminated Participants

(i) Age Last Birthday	(ii) Rate	(iii) Actives	(iv) Retirees
49	23%	100,000	
50	23%	77,000	23,000
51	23%	59,290	17,710
52	23%	45,653	13,637
53	23%	35,153	10,500
54	35%	27,068	8,085
55	25%	17,594	9,474
56	20%	13,196	4,398
57	18%	10,557	2,639
58	18%	8,657	1,900
59	30%	7,099	1,558
60	30%	4,969	2,130
61	35%	3,478	1,491
62	35%	2,261	1,217
63	15%	1,470	791
64	30%	1,250	220
65	30%	875	375
66	20%	613	262
67	20%	490	123
68	20%	392	98
69	100%	314	78
70		0	314
Weighted Average Retirement Age			53.2 *

Formula: $\text{Sum}((i) * (iv)) / 100,000$

*The five weighted retirement ages shown on these attachments were averaged together.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN
 EIN/PLAN NO.: 91-6145047/001
 ATTACHMENT TO SCHEDULE B FOR THE PLAN YEAR ENDING DECEMBER 31, 2007

Item 6b - Retirement Age

Determination of Weighted Average Retirement Age
 Implied by WCT Retirement Rate Table
 for Non PEER Vested Terminated Participants
 with subsidized Early Retirement Benefits

(i) Age Last Birthday	(ii) Rate	(iii) Actives	(iv) Retirees
49	15%	100,000	
50	15%	85,000	15,000
51	15%	72,250	12,750
52	15%	61,413	10,837
53	15%	52,201	9,212
54	16%	44,371	7,830
55	12%	37,272	7,099
56	9%	32,799	4,473
57	9%	29,847	2,952
58	9%	27,161	2,686
59	15%	24,717	2,444
60	15%	21,009	3,708
61	35%	17,858	3,151
62	35%	11,608	6,250
63	15%	7,545	4,063
64	30%	6,413	1,132
65	30%	4,489	1,924
66	20%	3,142	1,347
67	20%	2,514	628
68	20%	2,011	503
69	100%	1,609	402
70		0	1,609
Weighted Average Retirement Age			55.5 *

Formula: $\text{Sum}((i) * (iv)) / 100,000$

*The five weighted retirement ages shown on these attachments were averaged together.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

SECTION E — REVISION OF ACTUARIAL ASSUMPTIONS, PEER COVERAGE AND 2007 BENEFIT ACCRUAL RATE

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 benefit payments such assets support.

< 1982/1984 Annuity Account: The assumed annual rate of return has been changed to a level 5.54% from the previous valuation assumption of 5.91%.

< Strategic Bond Account (SBA): The assumed annual rate of return has been changed to a level 6.23% from the previous valuation assumption of 6.26%.

< Fixed Dollar Account: The assumed annual rates of return are the same as those assumed in the January 1, 2006 valuation and grade down from 7.3% in 2007 to 6.5% in 2015 and thereafter.

b. Remaining Assets/Benefits: The annual rates of return assumed for benefits not covered by the dedicated accounts and for the normal cost calculations are the same as those used in the January 1, 2006 valuation for calendar years 2007 and later. The rates of return grade down from 7.1% in 2007 to 7.0% in 2008 and thereafter.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

SECTION E — REVISION OF ACTUARIAL ASSUMPTIONS, PEER COVERAGE AND 2007 BENEFIT ACCRUAL RATE (Continued)

c. Employee Termination Rates:

We performed a study of the Plan's turnover experience from 2003 through 2005 for non-seasonal employees. This study demonstrated that there were fewer terminations than expected among active participants with less than 2 years of covered service but a greater number of terminations than expected among participants with 2 or more years of service. We revised our tables of assumed turnover rates to reflect the study results.

The impact of this assumption change on January 1, 2007 valuation results was a decrease of about \$25.3 million in the Normal Cost and a decrease of \$78.5 million in the Unfunded Actuarial Liability (UAL). For purposes of the Funding Standard Account (Form 5500, Schedule B), the reduction in UAL will be established as a credit base and will be amortized over 30 years. For purposes of the Funding Policy, this credit base will be amortized over 25 years.

The following table compares the former and revised turnover rates for non-seasonal employees at sample ages and years of participation.

Non-Seasonal Employees								
Age Last Birthday at First Covered Hour	Years Since First Covered Hour							
	0		1		2		8	
	<u>Former</u>	<u>Revised</u>	<u>Former</u>	<u>Revised</u>	<u>Former</u>	<u>Revised</u>	<u>Former</u>	<u>Revised</u>
22	.4725	.0945	.3264	.1795	.1748	.2272	.0800	.1120
32	.4219	.0844	.2688	.1478	.1472	.1914	.0640	.0896
42	.3881	.0776	.2208	.1214	.1288	.1674	.0560	.0784
52	.3206	.0641	.1632	.0898	.1104	.1435	.0560	.0784
62	.2869	.0574	.1248	.0686				
Age Last Birthday on Valuation Date	After 9 or More Years Since First Covered Hour							
	<u>Former</u>				<u>Revised</u>			
32	.0489				.0734			
42	.0395				.0435			
52	.0281				.0422			
62	.0051				.0077			

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

SECTION E — REVISION OF ACTUARIAL ASSUMPTIONS, PEER COVERAGE AND 2007 BENEFIT ACCRUAL RATE (Continued)

2. Changes in PEER Coverage

In general, the actuarial liabilities for the Plan are calculated based on participant status as of the valuation date. The January 1, 2007 valuation includes the cost of PEER provisions only for those employees in bargaining units which had negotiated PEER contributions and only at the PEER levels reported on December 31, 2006.

As of January 1, 2007, there were more participants (197,500) in bargaining units that had negotiated PEER contributions than there were as of January 1, 2006 (193,800). Also, a number of units moved from PEER 84 or PEER 82 to PEER 80 coverage.

3. Change in Benefit Accrual Formula During 2007

The results described in this actuarial report reflect the revised benefit accrual formula of 1.65% during 2007, and reflect benefit accrual formulas of 1.2% for years 2008 and later.

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

SECTION H — PARTICIPANT DATA (Continued)

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

There were 104 non-retired sample valuation records, representing 5,200 participants with missing dates of birth. There were 95 Non-Seasonal non-retired sample valuation records with missing or invalid sex codes who are assumed to be males and 5 Seasonal non-retired sample valuation records with missing or invalid sex codes who are assumed to be female. The non-retired participant T-2 extract records included in the valuation had the characteristics shown in the following table:

Status	Sex Code	Number of Records		
		With Valid Date of Birth	Without Valid Date of Birth	% Without Valid Date of Birth
Non-Seasonal Active Vested	Male	121,050	0	0%
Non-Seasonal Active Vested	Female	21,350	0	0%
Non-Seasonal Active Non-Vested	Male	60,950	4,100	6.3%
Non-Seasonal Active Non-Vested	Female	10,750	200	1.8%
Seasonal Active Vested	Male	2,850	0	0%
Seasonal Active Vested	Female	6,900	50	0.7%
Seasonal Active Non-Vested	Male	1,650	0	0%
Seasonal Active Non-Vested	Female	2,750	350	11.3%
Non-Seasonal Vested Inactive	Male	116,950	350	0.3%
Non-Seasonal Vested Inactive	Female	21,650	150	0.7%
Seasonal Vested Inactive	Male	7,250	0	0%
Seasonal Vested Inactive	Female	9,900	0	0%

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN / PLAN NO: 91 - 6145047 / 001 ATTACHMENT TO SCHEDULE B (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 231,616 retired records received, 10,428 records were disregarded (9,290 deaths, 435 expirations and 703 other rejects, such as cancellations, post valuation retirements, etc.). In addition, we added 10 liability records from the end of year 2005 data, based on our review of Prudential's "previous year liability lives missing from current year file" exhibit. This resulted in the inclusion of 221,198 records representing Age Retirees, Disability Retirees, and Beneficiaries. Approximately 76.3% of these records are for Age Retirees, 10.0% 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 B (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 7.3% in 2007 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 5.54%.
- iii. Strategic Bond Account (SBA): The assumed rate of return for these assets is 6.23%. 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 B (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 varies by calendar year, as follows:

Calendar Year	Annual Rates
2007	7.10%
2008 and thereafter	7.00%

b. Mortality Rates

The 1983 Group Annuity Mortality Tables (1983 GAM Tables) have been used to calculate the Plan’s actuarial values. The 1983 GAM Table (Male) with a one year age setback has been used to value benefits of male Pensioners and the 1983 GAM Table (Male) without set back for non-retired participants. The 1983 GAM Table (Female) with a two year set-up has been used to value the benefits of all healthy female participants. Special Male and Female Disabled Pensioner mortality tables are used. For this valuation, the table in use reflects recent experience.

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

ANNUAL PROBABILITY OF DEATH				
Age Last Birthday	Age Retirees and Beneficiaries		Disabled Retirees	
	Male	Female	Male	Female
25	.0005	.0003	.0277	.0139
40	.0012	.0008	.0278	.0139
55	.0059	.0033	.0287	.0139
70	.0262	.0173	.0382	.0223
85	.1104	.0879	.1548	.1231

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

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

1. **Actuarial Basis (Continued)**

c. **Provision for Expenses**

\$75 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 B (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 B (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 B (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.

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		
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		

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

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

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

EIN / PLAN NO: 91 - 6145047 / 001 ATTACHMENT TO SCHEDULE B (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, 2006 levels.

i. Expected Annual Employer Contributions

The annual employer contributions expected during 2007 have been assumed to be \$1.290 billion. This amount is used to determine the expected amortization period (5.0 years) for the UAL (\$3,301,513,000).

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 B (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 B (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 B (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2007

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 January 1, 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 on and after January 1, 1987, monthly pension benefits are earned as follows:

- < \$20.00 per month for each \$1,000 of employer contributions on behalf of the employee during the first 20 years of service; plus
- < \$26.50 per month for each \$1,000 of employer contributions on behalf of the employee after 20 years of service.

However, the benefits earned for calendar years 1992 through June 2003 are increased as shown below and the benefit accrual rate was reduced effective July, 2003 for all future service. For this purpose, years of service include all vesting service years granted under the Plan plus up to ten years of past service.

Calendar Year	Percent Increase (Decrease)	Benefit Earned per \$1,000 of Employer Contributions	
		1 st 20 years	After 20 years
1992 – 1996	15%	\$23.00	\$30.50
1997 – 1999	23%	\$24.60	\$32.60
2000 – 2002	35%	\$27.00	\$35.80
1/2003 – 6/2003	10%	\$22.00	\$29.20
7/2003 - 2006	(40%)/(55%)	\$12.00	\$12.00
2007	(17.5%)/(37.7%)	\$16.50	\$16.50
2008+	(40%)/(55%)	\$12.00	\$12.00

WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN

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

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2007 *(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 B (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2007 (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 B (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2007 *(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. $66 \frac{2}{3}\%$ 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 $66 \frac{2}{3}\%$ 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 B (FORM 5500)

SECTION J — SUMMARY OF PLAN PROVISIONS EFFECTIVE JANUARY 1, 2007 *(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

2007

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

For calendar plan year 2007 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** 770348

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			31574196	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			59335544	1221

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 **Schedule C (Form 5500) 2007**



1 0 0 7 3 2 0 1 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MELLON BANK N.A.	25-6078093	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		11939291	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BARCLAYS GLOBAL INVESTORS, N.A.	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		10728834	21

(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		10591960	12



1 0 0 7 3 2 0 2 0 F



(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		7034441	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GOLDMAN SACHS ASSET MANAGEMENT	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		6732360	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		5515006	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	
ORACLE CORPORATION	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		3636808	1716

(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		3385288	21



1 0 0 7 3 2 0 2 0 F



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ENHANCED INVESTMENT TECHNOLOGIES	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		1982598	21

(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		1680037	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
TRUCKER & HUSS	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		1557611	22



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ALAN D. BILLER & ASSOCIATES INC.	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		1442817	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WESTERN ASSET MANAGEMENT COMPANY	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		1330369	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		1247451	21



1 0 0 7 3 2 0 2 0 F



(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		960035	11

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
YUCAIPA	61-1484225	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		808026	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STEPHEN HORN INSURANCE 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		744162	19



(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		686052	18
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
OSI CONSULTING, INC.	95-4844560	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		489410	1716
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
REID, PEDERSEN, MCCARTHY & BALLEW	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		375477	22



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LANDMARK EQUITY PARTNERS XIII, L.P.	20-3616351	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		341497	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		308358	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		283680	2118



1 0 0 7 3 2 0 2 0 F



(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	258458		25

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BERNARD T. EILERTS		EMPLOYER 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		236867	25

(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		184654	21



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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
REICH, ADELL, CROST & CVITAN	95-3082677	AREA COLLECTION ATTORNEYS	
(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		184626	22

(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		177584	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
W.R. HUFF ASSET MANAGEMENT CO.	13-3245475	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		163989	21



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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
KAYE-SMITH	93-0523003	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		132001	23
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
UNITY SOFTWARE SYSTEMS	86-0790695	SOFTWARE CONSULTANT	
(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		130220	17
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
AMERICAN LITHGRAPHERS, 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		124191	23



(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		114440	23
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ERSKINE & TULLEY	94-1701111	AREA COLLECTION ATTORNEYS	
(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		97075	22
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ROBERT F. MAY COMPANY	84-0683173	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		86400	12



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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
IMAGENET, LLC	47-0885172	MICROFILMING	
(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		78886	23
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MILLIMAN	91-0675641	CONSULTING 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		68946	17
(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)



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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 2007 FORM 5500
SCHEDULE C
Western Conference of Teamsters Pension Trust Fund
EIN: 91-6145047

The amounts entered in Line 2(e) and Line 2(f) for service providers Anthony C. Lock and Bernard T. Eilerts includes compensation for substantially full-time services as Union Co-Chairman and Employer 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

2007

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

For calendar plan year 2007 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 103-12IE EB DV STOCK INDEX FUND

(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.

(c) EIN-PN 25-6078093-010 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 990037332

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

(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.

(c) EIN-PN 25-6078093-007 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 579012639

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

(b) Name of sponsor of entity listed in (a) MELLON BANK, N.A.

(c) EIN-PN 25-6078093-137 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 2345749207

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 565331361

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 980561187

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 12385

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 3608265969

(a) Name of MTIA, CCT, PSA, or 103-12IE SHORT-TERM INVESTMENT FUND

(b) Name of sponsor of entity listed in (a) STATE STREET BANK AND TRUST CO.

(c) EIN-PN 04-0025081-156 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 17808939

(a) Name of MTIA, CCT, PSA, or 103-12IE TBC INC. POOLED EMP DAILY LIQUIDITY

(b) Name of sponsor of entity listed in (a) BOSTON SAFE AND TRUST CO.

(c) EIN-PN 04-6388516-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 272433617

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 554500000



(a) Name of MTIA, CCT, PSA, or 103-12IE COLLECTIVE SHORT-TERM INV FUND

(b) Name of sponsor of entity listed in (a) THE NORTHERN TRUST COMPANY

(c) EIN-PN 36-6036794-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 0

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 113122143

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 511859520

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 774430848

(a) Name of MTIA, CCT, PSA, or 103-12IE 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 103-12IE at end of year (see instructions) 601048499

(a) Name of MTIA, CCT, PSA, or 103-12IE

(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 103-12IE at end of year (see instructions)



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

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____



**SCHEDULE G
(Form 5500)**

Department of 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

2007

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

For calendar plan year 2007 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
	FRONTIER FIN TR CORP CONV PFD 332 SW EVERETT MALL WAY EVERETT WA 98204	2149197
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2149197

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
2149197	0	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule G (Form 5500) 2007



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	GENERAL DATACOMM INDS INC CV PFD ROUTE 63 MIDDLEBURY CT 06762	1188000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1188000

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
1188000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ICG FDG LLC PFD EXCH 6.75% REG 161 INVERNESS DRIVE W PO BOX 6742 ENGLEWOOD CO 80112	586163
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	586163

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
586163	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LERNOUT & HAUSIE CAP I PIERS 144A 52 THIRD AVENUE BURLINGTON MA 01803	4755905
Amount received during reporting year		(f)
(d) Principal	(e) Interest	Unpaid balance at end of year
0	0	4755905

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
4755905	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	LTV CORP NEW PFD CV SER A (144A) 200 PUBLIC SQUARE PO BOX 655003 CLEVELAND OH 44115-1069	4018750
Amount received during reporting year		(f)
(d) Principal	(e) Interest	Unpaid balance at end of year
0	0	4018750

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
4018750	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	PSINET INC CV PFD 7% SER 144A 44983 KNOLL SQUARE ASHBURN VA 20147	1287930
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1287930

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
1287930	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	PSINET INC CV PFD 7% SER D 44983 KNOLL SQUARE ASHBURN VA 20147	7328095
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	7328095

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
7328095	0	



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(a)	(b) Identity and address of obligor	(c) Original amount of loan
	RSL COMMUNICATIONS LTD CV PFD (144A) CLARENDON HOUSE CHURCH STREET HAMILTON HM CX BERMUDA	1320262
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1320262

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
1320262	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	RSL COMMUNICATIONS LTD CV PFD CLARENDON HOUSE CHURCH STREET HAMILTON HM CX BERMUDA	183523
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	183523

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
183523	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	SUN HEALTHCARE GRP FING I PFD TR CV 101 SUN AVENUE NE ALBUQUERQUE NM 87109	1012500
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1012500

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
1012500	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ALTERNATIVE LIVING SERVS INC CV SUB 450 N SUNNYSLOPE ROAD, SUITE 300 BROOKFIELD WI 53003	2960750
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2960750

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
2960750	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	FPA MEDICAL MGMT COM CV 6.50% 5835 BLUE LAGOON DRIVE MIAMI FL 33126-2017	32000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	32000

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
32000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	EXODUS COMM INC CV SUB NOTES 5.25% 2831 MISSION COLLEGE BLVD. SANTA CLARA CA 95054	300000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	292485

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
292485	0	



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(a)	(b) Identity and address of obligor	(c) Original amount of loan
	GOLDEN BOOKS FAMILY ENTERTAINMENT 888 SEVENTH AVENUE, 40TH FLOOR NEW YORK NY 10106	45000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal 0	(e) Interest 0	
45000		

(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

MARKED DOWN TO ZERO, WILL NOT BE REPORTED ON SCH G IN FUTURE YEARS.

Amount overdue		
(h) Principal	(i) Interest	
45000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS CORP SR SER B 9.875% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	1000000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal 0	(e) Interest 0	
1000000		

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
1000000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS SR NTS SER B 9.875% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	1850000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1850000

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
1850000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS CORP SR NOTE 7.75% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	1250000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1250000

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
1250000	0	



(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS CORP SR NOTE 7.875% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	2900000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2900000

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
2900000	0	

(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS CORP SR NOTE 10.875% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	1550000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	1550000

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
1550000	0	



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(a)	(b) Identity and address of obligor	(c) Original amount of loan
	ADELPHIA COMMS CORP SR NOTE 10.25% 5619 DTC PARKWAY, 8TH FLOOR GREENWOOD VILLAGE CO 80111	2470000
Amount received during reporting year		(f) Unpaid balance at end of year
(d) Principal	(e) Interest	
0	0	2470000

(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

COMPANY FILED FOR CHAPTER 11 IN JULY 2002 & IS STILL IN REORGANIZATION

Amount overdue		
(h) Principal	(i) Interest	
2470000	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	



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Western Conference of Teamsters Pension Plan
Financial Transaction Schedule
Form 5500 - Schedule G - Part I
Overdue Loan Explanation

December 31, 2007

EIN: 91-6145047

Plan Number: 001

Identity and address of obligor (b)	Original amount of loan (c)	Amount received during reporting year (e)		Unpaid balance at end of year (f)	Detailed description of loan (g)	Amount overdue (h) (i)	
		Principal (d)	Interest			Principal	Interest
Frontier Fin Tr Corp Conv Pfd 332 SW Everett Mall Way Everett, WA 98204	\$ 2,149,197	\$ -	\$ -	\$ 2,149,197	The Company is in receivership and full recovery on the security is unlikely. This position has been marked to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	\$ 2,149,197	\$ -
General Datacomm Inds Inc Cv Pfd Route 63 Middlebury, CT 06762	1,188,000	-	-	1,188,000	The Company continues to operate. This position has been marked to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	1,188,000	-
ICG FDG LLC Pfd Exch 6.75% Reg 161 Inverness Drive West P.O. Box 6742 Englewood, CO 80112	586,163	-	-	586,163	The Company's Plan for Reorganization was approved by the bankruptcy court in January 2003. This position has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	586,163	-
Lernout & Hausie Cap I Piers 144A 52 Third Avenue Burlington, MA 01803	4,755,905	-	-	4,755,905	The Company is in bankruptcy under Belgium bankruptcy laws. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	4,755,905	-
LTV Corp New Pfd Cv Ser A (144A) 200 Public Square P.O. Box 655003 Cleveland, OH 44115-1069	4,018,750	-	-	4,018,750	The Company filed Chapter 11 bankruptcy. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	4,018,750	-
Psinet Inc Cv Pfd 7% Ser 144A 44983 Knoll Square Ashburn VA 20147	1,287,930	-	-	1,287,930	The Company filed Chapter 11 bankruptcy in June 2001. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	1,287,930	-

Western Conference of Teamsters Pension Plan

Financial Transaction Schedule

Form 5500 - Schedule G - Part I

Overdue Loan Explanation

December 31, 2007

EIN: 91-6145047

Plan Number: 001

Identity and address of obligor	Original amount of loan	Amount received during reporting year		Unpaid balance at end of year	Detailed description of loan	Amount overdue	
		Principal	Interest			Principal	Interest
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Psinet Inc Cv Pfd 7% Ser D 44983 Knoll Square Ashburn VA 20147	7,328,095	-	-	7,328,095	The Company filed Chapter 11 bankruptcy in June 2001. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	7,328,095	-
RSL Communications LTD Cv Pfd (144A) Clarendon House Church Street Hamilton HM CX Bermuda	1,320,262	-	-	1,320,262	The Company filed for bankruptcy in Bermuda in March 2001. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	1,320,262	-
RSL Communications LTD Cv Pfd Clarendon House Church Street Hamilton HM CX Bermuda	183,523	-	-	183,523	The Company filed for bankruptcy in Bermuda in March 2001. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	183,523	-
Sun Healthcare Group Fing I Pfd Tr Cv (144A) 101 Sun Avenue NE Albuquerque, NM 87109	1,012,500	-	-	1,012,500	The Company is in bankruptcy. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	1,012,500	-
Alternative Living Servs Inc Cv Sub Debs 7% 450 North Sunnyslope Road, Suite 300 Brookfield, WI 53003	2,960,750	-	-	2,960,750	The Company is in bankruptcy. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	2,960,750	-
FPA Medical Mgmt Com Cv 6.50% 5835 Blue Lagoon Drive Miami, FL 33126-2017	32,000	-	-	32,000	The Company is in bankruptcy. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	32,000	-

Western Conference of Teamsters Pension Plan

Financial Transaction Schedule

Form 5500 - Schedule G - Part I

Overdue Loan Explanation

December 31, 2007

EIN: 91-6145047

Plan Number: 001

Identity and address of obligor	Original amount of loan	Amount received during reporting year		Unpaid balance at end of year	Detailed description of loan	Amount overdue	
		Principal	Interest			Principal	Interest
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Exodus Comm Inc CV Sub Notes 5.25% 2831 Mission College Blvd. Santa Clara, CA 95054	300,000	-	-	292,485	Company filed for bankruptcy in September 2002. This security has been marked down to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	292,485	-
Golden Books Family Entertainment 888 Seventh Avenue, 40th Floor New York, NY 10106	45,000	-	-	45,000	Company filed bankruptcy in June, 2001. This position has been marked to zero. NO PROBABILITY OF COLLECTION. WILL NOT BE REPORTED ON SCHEDULE G IN FUTURE YEARS.	45,000	-
Adelphia Comms Corp Sr Ser B 9.875% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111	1,000,000	-	-	1,000,000	The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	1,000,000	-
Adelphia Comms Sr Nts Ser B 9.875% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111	1,850,000	-	-	1,850,000	The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	1,850,000	-

**Western Conference of Teamsters Pension Plan
Financial Transaction Schedule
Form 5500 - Schedule G - Part I**

Overdue Loan Explanation

December 31, 2007

EIN: 91-6145047

Plan Number: 001

(b) Identity and address of obligor	(c) Original amount of loan	(d) Amount received during reporting year Principal	(e) Interest	(f) Unpaid balance at end of year	(g) Detailed description of loan	(h) Principal	(i) Amount overdue Interest
Adelphia Comms Corp Sr Note 7.75% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111	1,250,000	-	-	1,250,000	The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	1,250,000	-
Adelphia Comms Corp Sr Note 7.875% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111	2,900,000	-	-	2,900,000	The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	2,900,000	-
Adelphia Comms Corp Sr Note 10.875% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111	1,550,000	-	-	1,550,000	The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	1,550,000	-

Western Conference of Teamsters Pension Plan

Financial Transaction Schedule

Form 5500 - Schedule G - Part I

Overdue Loan Explanation

December 31, 2007

EIN: 91-6145047

Plan Number: 001

Identity and address of obligor	(b)	Original amount of loan	(c)	Amount received during reporting year	Principal	(d)	(e)	Unpaid balance at end of year	(f)	(g)	(h)	(i)
Adelphia Comms Corp Sr Note 10.25% 5619 DTC Parkway, 8th Floor Greenwood Village, CO 80111		2,470,000	-	-	2,470,000	-	-	2,470,000		The Company filed for Chapter 11 bankruptcy protection in July 2002 and is still in reorganization. The Plan will hold the position pending resolution from the bankruptcy proceedings. In addition, the investment manager has retained legal counsel on a contingent basis to pursue recovery against various parties involved with the notes.	2,470,000	-

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
	TWEETER	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 10/30/2006.

(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	19370

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	ALBERTSONS	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 10/30/2006.

(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	7763

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	KENKOYS 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 PACIFICA, CA PURCHASED ON 10/30/2006.

(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	11930



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
ALBERTSONS		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 SANTA CLARITA, CA PURCHASED ON 10/30/2006.		
(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	8733
<hr/>		
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
PARTY STATION		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 SANTA CLARITA, CA PURCHASED ON 10/30/2006.		
(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	16836
<hr/>		
(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 10/30/2006.		
(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	6956



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
	BIG O TIRES	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 10/30/2006.		
(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	29109
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GODFATHERS 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 10/30/2006.		
(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
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	GODFATHERS 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 10/30/2006.		
(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	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
	ALAMOWING	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 03/06/2006.		
	(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
		1385
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	BEST BUY	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 03/06/2006.		
	(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
		1389
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	DAVID L. WYNN	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 03/06/2006.		
	(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
		1523



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
	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 03/06/2006.		
(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	19216
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	HANCOCK FABRICS	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 03/06/2006.		
(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	463
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	LAURA GARCIA	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 03/06/2006.		
(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	2733



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
	UNITED FASHIONS OF TEXAS	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 03/06/2006.		
(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	225
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	SOUTH TEXAS BLOOD & TISSUE	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 03/06/2006.		
(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	303
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
	THE SHERWIN WILLIAMS COMPANY	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 03/06/2006.		
(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	11982



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
	SF MOBILE, 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 03/06/2006.		
(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	1862
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization or other party-in-interest
(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year
(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears



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**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2007**

(a) Property Name	(b) Identity of lessor/lessee	(c) Relationship to plan	(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). What is being done to collect the amount in arrears	(e) Original cost	(f) Current value of the lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
Encinitas Marketplace	Tweeter	Retail Tenant	Shopping Center in San Diego, CA purchased on 10/30/2006. 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 went bankrupt and vacated. Sent to legal collections.	-	-	-	-	-	19,370.00
Fairmont Shopping Center	Albertsons	Retail Tenant	Shopping Center in Pacifica, CA purchased on 10/30/2006. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized.	-	-	-	-	-	7,762.63
Fairmont Shopping Center	Kenkoys Café	Retail Tenant	Shopping Center in Pacifica, CA purchased on 10/30/2006. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized.	-	-	-	-	-	11,929.74
Canyon Square Plaza	Albertsons	Retail Tenant	Shopping Center in Santa Clarita, California purchased on 10/30/2006. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized.	-	-	-	-	-	8,733.25

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2007**

(a) Property Name	(b) Identity of lessor/lessee	(c) Relationship to plan	(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). What is being done to collect the amount in arrears	(e) Original cost	(f) Current value of the lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
Canyon Square Plaza	Party Station	Retail Tenant	Shopping Center in Santa Clarita, California purchased on 10/30/06. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance Fee amounts are being audited and will be collected when the audit is finalized.	-	-	-	-	-	16,836.00
San Dimas Marketplace	Hollywood Video	Retail Tenant	Shopping Center in San Dimas, CA purchased on 10/30/2006. 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 went bankrupt. Sent to legal collections	-	-	-	-	-	6,955.99
Blossom Valley	Big O Tires	Retail Tenant	Shopping Center in Turlock, California purchased on 10/30/2006. Rental leases vary from 5 to 10 year leases, expenses, i.e. taxes, ins., repairs, etc are fully charged back to tenants on a pro-rata basis. Renewal options are individually negotiated. Common Area Maintenance fee amounts are being audited and will be collected when the audit is finalized.	-	-	-	-	-	29,108.68
Blossom Valley	Godfathers Pizza	Retail Tenant	Shopping Center in Turlock, California purchased on 10/30/2006. 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 went bankrupt. Sent to legal collections	-	-	-	-	-	50,180.39
Caughlin Ranch	Godfathers Pizza	Retail Tenant	Shopping Center in Reno, NV purchased on 10/30/2006. 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 went bankrupt. Sent to legal collections	-	-	-	-	-	41,040.07

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2007**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
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
City Base Landing	Alamowing	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant disputes amount. Management is providing documentation to back up charge.	-	-	-	-	-	1,385.03
City Base Landing	Best Buy	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant disputes amount. Hill Partners Inc (HPI) Management company is providing documentation to back up charge.	-	-	-	-	-	1,388.89
City Base Landing	David L. Wynn	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant has agreed to pay past due amount.	-	-	-	-	-	1,523.26
City Base Landing	El Taco Tote	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant is paying rent, but is behind schedule.	-	-	-	-	-	19,215.75
City Base Landing	Hancock Fabrics	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant has agreed to pay past due amount.	-	-	-	-	-	462.99
City Base Landing	Laura Garcia	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Landlord working with distressed tenant.	-	-	-	-	-	2,732.54

**Western Conference of Teamsters Pension Plan
Financial Transactions Schedule
Form 5500 - Schedule G - Part II
Overdue Lease Explanation as of December 31, 2007**

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)
City Base Landing	United Fashions of Texas	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant billback. Tenant has agreed to pay past due amount.	-	-	-	-	-	225.00
City Base Landing	South Texas Blood & Tissue	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant billback. Tenant has agreed to pay past due amount.	-	-	-	-	-	303.10
City Base Landing	The Sherwin Williams Company	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Adjustment pending for tenant.	-	-	-	-	-	11,981.54
685 Market Street	SF Mobile, Inc	Retail Tenant	Shopping Center, S.E. Military Highway San Antonio, TX, purchased 03/06/2006. All expenses are charged back to the tenants on a pro-rata basis. No renewal options. Tenant lawsuit regarding lease termination date found in favor of landlord.	-	-	-	-	-	1,861.85

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	



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**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

2007

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

For calendar year 2007 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	3232461	6769610
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	99900504	92189260
(2) Participant contributions		
(3) Other	866627234	1875567964
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	2177376493	2309092414
(2) U.S. Government securities	6374579028	8118528001
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other	7060167415	7083791550
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common	4374154697	4481864651
(5) Partnership/joint venture interests	226296075	59930797
(6) Real estate (other than employer real property)	2072852815	2384690322
(7) Loans (other than to participants)	55514581	47915590
(8) Participant loans		
(9) Value of interest in common/collective trusts	9674190592	9913712636
(10) Value of interest in pooled separate accounts	1166070492	2000461010
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)		
(14) Value of funds held in insurance co. general account (unallocated contracts) ..	204133867	191120958
(15) Other		

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		(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	21095431 19351066
f	Total assets (add all amounts in lines 1a through 1e)	f	34376191685 38584985829
Liabilities			
g	Benefit claims payable	g	9608101 8565880
h	Operating payables	h	81145777 89447671
i	Acquisition indebtedness	i	
j	Other liabilities	j	2900328730 6172972212
k	Total liabilities (add all amounts in lines 1g through 1j)	k	2991082608 6270985763
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	31385109077 32314000066

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)	1320358226
	(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)	1320358226
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	31900836
	(B) U.S. Government securities	b(1)(B)	187829438
	(C) Corporate debt instruments	b(1)(C)	322245828
	(D) Loans (other than to participants)	b(1)(D)	3566864
	(E) Participant loans	b(1)(E)	
	(F) Other	b(1)(F)	28219835
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	573762801
	(2) Dividends: (A) Preferred stock	b(2)(A)	19796557
	(B) Common stock	b(2)(B)	76167858
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	95964415
	(3) Rents	b(3)	124126001
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds . .	b(4)(A)	31412242345
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	31456742972
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result. .	b(4)(C)	-44500627



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	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets:		
(A) Real estate	b(5)(A) 258973312	
(B) Other	b(5)(B) 305682222	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	564655534
(6) Net investment gain (loss) from common/collective trusts	b(6)	301689273
(7) Net investment gain (loss) from pooled separate accounts	b(7)	164266592
(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)	757319
c Other income	c	2659017
d Total income. Add all income amounts in column (b) and enter total	d	3103738551
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1) 1995353553	
(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)	1995353553
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	34263
i Administrative expenses:		
(1) Professional fees	i(1) 3546069	
(2) Contract administrator fees	i(2) 52991528	
(3) Investment advisory and management fees	i(3) 107103641	
(4) Other	i(4) 15818508	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	179459746
j Total expenses. Add all expense amounts in column (b) and enter total	j	2174847562
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	928890989
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 on line 4d.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

	Yes	No	Amount
a		X	
b	X		38180560
c	X		232997
d		X	
e	X		20000000
f		X	
g		X	
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 7 3 2 0 4 0 P



ATTACHMENT TO 2007 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

2007

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

For calendar year 2007 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 \$ 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). <u>22-1211670</u>	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3 932

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

4 Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? Yes No N/A
If the plan is a defined benefit plan, go to line 7.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ► Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule B 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 \$

If you completed line 6c, skip lines 7 and 8 and complete line 9.

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 the ratio percentage test average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 **Schedule R (Form 5500) 2007**



**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

2007

**This Form is NOT Open
to Public Inspection.**

For calendar plan year 2007 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.



Signature of plan administrator ▶

Anthony C. Lock
Anthony C. Lock-Chairman

Richard L. Dodge
Richard L. Dodge-Co-Chairman/Sec

Phone number of plan administrator ▶ 206-329-4900

Date ▶ 10/13/2008

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule SSA (Form 5500) 2007

