SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

OMB No. 1210-0110

2019

This Form is Open to Public

Pension Benefit Guaranty Corporation				inspectio	n
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and 6	endin	ng 12/31/201	19		
A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN	В	Three-digit plan numbe	r (PN))	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEE	D	Employer Ide 91-6145		Number (E	EIN)

Part I **Asset and Liability Statement**

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	1a	6358741	10914508
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	163300000	164705500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	286065495	221835613
C General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3876589315	3747039511
(2) U.S. Government securities	1c(2)	3310267758	3690083371
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5714176980	5374518187
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4503337706	3628711983
(5) Partnership/joint venture interests	1c(5)	6790261574	8286991894
(6) Real estate (other than employer real property)	1c(6)	2084723063	1787975208
(7) Loans (other than to participants)	1c(7)	23985994	11683642
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11650223360	15949841656
(10) Value of interest in pooled separate accounts	1c(10)	3019707715	2952520170
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	2133969912	3101455173
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	637109230	688404511
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	89772610	85684280
(15) Other	1c(15)		

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e	4510558	4828107
f	Total assets (add all amounts in lines 1a through 1e)	1f	44294360011	49707193314
	Liabilities			
g	Benefit claims payable	1g	9813334	7443829
h	Operating payables	1h	22009594	18968896
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4037258697	3835120623
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4069081625	3861533348
	Net Assets			
ı	Net assets (subtract line 1k from line 1f)	11	40225278386	45845659966

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2074117212	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		2074117212
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4715354	
(B) U.S. Government securities	2b(1)(B)	62512859	
(C) Corporate debt instruments	2b(1)(C)	149888959	
(D) Loans (other than to participants)	2b(1)(D)	1453703	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	244344596	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		462915471
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	118298495	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	39408781	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		157707276
(3) Rents	2b(3)		83721207
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14238753304	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13249675831	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		989077473
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-17111371	
(B) Other	2b(5)(B)	1373185201	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1356073830

		•	a) Am	ount			(b) ·	Total
(C) Not investment rain (loss) from common/collective trusts	2b(6)		a) Am	ount			(D)	3130924217
(6) Net investment gain (loss) from common/collective trusts								188349500
(7) Net investment gain (loss) from pooled separate accounts	01: (0)					-		100349300
(8) Net investment gain (loss) from master trust investment accounts	01 (0)							467495964
(9) Net investment gain (loss) from 103-12 investment entities(10) Net investment gain (loss) from registered investment						-		467485261
companies (e.g., mutual funds)	2b(10)							15836001
C Other income	2c							1185517
d Total income. Add all income amounts in column (b) and enter total	2d							8927392965
Expenses								
e Benefit payment and payments to provide benefits:								
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)			289812	29950			
(2) To insurance carriers for the provision of benefits	2e(2)							
(3) Other	2e(3)							
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)							2898129950
f Corrective distributions (see instructions)	01							
g Certain deemed distributions of participant loans (see instructions)						-		
h Interest expense	-							83917
i Administrative expenses: (1) Professional fees				707	9049			03917
(2) Contract administrator fees	0:(0)					-		
• •	0:(0)				31925	_		
(3) Investment advisory and management fees	0:/4)			27654				
(4) Other	0:(5)			4909	5758			
(5) Total administrative expenses. Add lines 2i(1) through (4)						_		408797518
j Total expenses. Add all expense amounts in column (b) and enter total Net Income and Reconciliation	2j							3307011385
	2k							5000004500
k Net income (loss). Subtract line 2j from line 2dl Transfers of assets:	ZR							5620381580
	21(1)							
(1) To this plan						-		
(2) From this plan	21(2)							
Part III Accountant's Opinion								
Complete lines 3a through 3c if the opinion of an independent qualified processes and a second of the second of th	ublic accountant i	s attached to	o this	Form 5	500. Co	mplete	line 3d if a	an opinion is not
attached. The attached opinion of an independent qualified public accountant for the	is nlan is (see ins	tructions):						
(1) V Unmodified (2) Qualified (3) Disclaimer	(4) Adverse	tructions).						
	``'⊔							M N-
b Did the accountant perform a limited scope audit pursuant to 29 CFR 252	20.103-8 and/or 1	03-12(d)?			.		Yes	X No
Enter the name and EIN of the accountant (or accounting firm) below:		(0) =111						
(1) Name: LINDQUIST LLP		(2) EIN	: 52-2	385296	5			
d The opinion of an independent qualified public accountant is not attache (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be	d because: attached to the r	next Form 55	500 pu	ırsuant	to 29 CI	FR 252	0.104-50.	
Part IV Compliance Questions								
CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIA 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and 4l. MTIAs also do not complete lines 4j and		lines 4a, 4	e, 4f, 4	lg, 4h,	4k, 4m,	4n, or 5	5.	
During the plan year:				Yes	No		Amo	ount
Was there a failure to transmit to the plan any participant contributions	within the time							
period described in 29 CFR 2510.3-102? Continue to answer "Yes" for fully corrected. (See instructions and DOL's Voluntary Fiduciary Corrected.	any prior year fa		4a		X			
b Were any loans by the plan or fixed income obligations due the plan in								
close of the plan year or classified during the year as uncollectible? Dis	sregard participar							
secured by participant's account balance. (Attach Schedule G (Form 5 checked.)	,	" is	4b	X				33775875

Schedule H (Form 5500) 2019	Page 4 -	1

			Yes	No	Amou	unt
С	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.)	4c		X		
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.)	4d		X		
_	,		V			20000000
e	Was this plan covered by a fidelity bond?	4e	X			20000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
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?	4g	X		82	286991894
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?	4h		X		
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
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.)	4 j	X			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
I	Has the plan failed to provide any benefit when due under the plan?	41		X		
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes If "Yes," enter the amount of any plan assets that reverted to the employer this year	S X	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	ntify t	he plan	(s) to w	hich assets or liabil	ities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan yet.					lot determined instructions.)