

<p style="text-align: center;">SCHEDULE H (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p style="font-size: small;">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).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2020</p> <hr/> <p style="font-size: small;">This Form is Open to Public Inspection</p>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

Part I 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.....	10914508	7619826
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	164705500	185272621
(2) Participant contributions.....		
(3) Other	221835613	429807926
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	3747039511	4394915485
(2) U.S. Government securities	3690083371	3036330660
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other	5374518187	5482487612
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common	3628711983	3662131245
(5) Partnership/joint venture interests	8286991894	9707660206
(6) Real estate (other than employer real property)	1787975208	1558058866
(7) Loans (other than to participants)	11683642	11340419
(8) Participant loans		
(9) Value of interest in common/collective trusts.....	15949841656	19233136386
(10) Value of interest in pooled separate accounts	2952520170	2855573590
(11) Value of interest in master trust investment accounts.....		
(12) Value of interest in 103-12 investment entities	3101455173	2975970925
(13) Value of interest in registered investment companies (e.g., mutual funds)	688404511	728304172
(14) Value of funds held in insurance company general account (unallocated contracts).....	85684280	84619346
(15) Other.....		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	4828107 5481790
f	Total assets (add all amounts in lines 1a through 1e).....	1f	49707193314 54358711075
Liabilities			
g	Benefit claims payable.....	1g	7443829 10217761
h	Operating payables.....	1h	18968896 32889499
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	3835120623 4195510055
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	3861533348 4238617315
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	45845659966 50120093760

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.....	2a(1)(A)	2218704550
	(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)	2218704550
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1805152
	(B) U.S. Government securities.....	2b(1)(B)	52928487
	(C) Corporate debt instruments.....	2b(1)(C)	142846660
	(D) Loans (other than to participants).....	2b(1)(D)	752789
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	216860103
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	415193191
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	94346815
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	34831060
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	129177875
(3)	Rents.....	2b(3)	71039030
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	11759666820
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11792332938
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	-32666118
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	-49244525
	(B) Other.....	2b(5)(B)	1857895181
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1808650656

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2596576130
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		100751529
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		399515752
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5457387
c Other income	2c		4692950
d Total income. Add all income amounts in column (b) and enter total.....	2d		7717092932

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2991340680	
(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)		2991340680

f Corrective distributions (see instructions).....

g Certain deemed distributions of participant loans (see instructions).....

h Interest expense.....

2f			
2g			
2h			237

i Administrative expenses: **(1)** Professional fees

2i(1)	6733825		
(2) Contract administrator fees	2i(2)	83128410	
(3) Investment advisory and management fees	2i(3)	308674365	
(4) Other.....	2i(4)	52781621	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		451318221

j Total expenses. Add all **expense** amounts in column (b) and enter total.....

2j			3442659138
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Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4274433794
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

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

(1) Unmodified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 **(2)** DOL Regulation 2520.103-12(d) **(3)** neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: LINDQUIST LLP

(2) EIN: 52-2385296

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b	X		33760285
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.)	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	
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		9707660206
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.)	4j	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	
l Has the plan failed to provide any benefit when due under the plan?	4l		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 No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4299818.