

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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	5028240	4901812
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	99177191	104785882
(2) Participant contributions		
(3) Other	1110414664	257257930
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	4612095190	5245300510
(2) U.S. Government securities	6406393933	4180376707
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other	5703214836	5081625881
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common	1977057991	3757488474
(5) Partnership/joint venture interests	3819500921	4688385977
(6) Real estate (other than employer real property)	2132753044	2162849985
(7) Loans (other than to participants)	56328711	34503528
(8) Participant loans		
(9) Value of interest in common/collective trusts	8916422823	10817238666
(10) Value of interest in pooled separate accounts	1862098407	2115665583
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities	1127626754	1072285380
(13) Value of interest in registered investment companies (e.g., mutual funds)		304713926
(14) Value of funds held in insurance company general account (unallocated contracts)	128891280	119358976
(15) Other	167200205	70307875

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	8579996	5810774
f Total assets (add all amounts in lines 1a through 1e).....	1f	38132784186	40022857866

Liabilities

g Benefit claims payable.....	1g	12552304	7336729
h Operating payables.....	1h	29233029	27717887
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5770444752	4803474496
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5812230085	4838529112

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	32320554101	35184328754
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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)	1431090793	
(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)		1431090793
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4864770	
(B) U.S. Government securities.....	2b(1)(B)	25297514	
(C) Corporate debt instruments.....	2b(1)(C)	232846430	
(D) Loans (other than to participants).....	2b(1)(D)	3822912	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	138631158	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		405462784
(2) Dividends: (A) Preferred stock.....			
(B) Common stock.....	2b(2)(B)	113457020	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4487322	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		124148794
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....			
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	36231318150	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(D) Total net gain (loss) on sale of assets. Add lines 2b(4)(A) and (C).....	2b(4)(D)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....			
(B) Other.....	2b(5)(B)	709454911	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	2412330444
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)	167522204
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)	-55341375
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	233881
c Other income.....	2c	2181034
d Total income. Add all income amounts in column (b) and enter total.....	2d	5592966632

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2452837709
(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)	2452837709
f Corrective distributions (see instructions).....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	248
i Administrative expenses: (1) Professional fees.....	2i(1)	7438999
(2) Contract administrator fees.....	2i(2)	62171360
(3) Investment advisory and management fees.....	2i(3)	187465634
(4) Other.....	2i(4)	19278029
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	276354022
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2729191979

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2863774653
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan.....	2l(2)	

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No

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

(1) Name: LINDQUIST LLP

(2) EIN: 52-2385296

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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.).....

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.).....

	Yes	No	Amount
4a		X	
4b	X		65861995

	Yes	No	Amount
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.)	X		963630
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.).....		X	
e Was this plan covered by a fidelity bond?	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?		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?.....	X		4323978897
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?.....		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.).....	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.).....	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?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN
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