SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

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

2014

This Form is Open to Public Inspection

r energy Benefit Guaranty Corporation				
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and	endin	g 12/31/2014		
ame of plan TERN CONFERENCE OF TEAMSTERS PENSION PLAN		Three-digit plan number (PN)		001
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Num	ber (EIN	۷)
WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEE		91-6145047		

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	1a	4901812	6493634
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	104785882	132070392
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	257257930	496161822
C General investments: (1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5245300510	4055407184
(2) U.S. Government securities	1c(2)	4180376707	3988335471
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5151933756	6200994698
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3757488474	4369057520
(5) Partnership/joint venture interests	1c(5)	4688385977	5034237362
(6) Real estate (other than employer real property)	1c(6)	2162849985	2327118870
(7) Loans (other than to participants)	1c(7)	34503528	33319350
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10817238666	10613315407
(10) Value of interest in pooled separate accounts	1c(10)	2115665583	2326796174
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	1072285380	1091162576
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	304713926	326588038
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	119358976	94056357
(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	5810774	2885797
f	Total assets (add all amounts in lines 1a through 1e)	1f	40022857866	41098000652
	Liabilities			
g	Benefit claims payable	1g	7336729	7362178
h	Operating payables	1h	27717887	22241658
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	4803474496	4336562610
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4838529112	4366166446
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	35184328754	36731834206

Part II Income and Expense Statement

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1544129223	
	(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)		1544129223
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	909685	
	(B) U.S. Government securities	2b(1)(B)	46193157	
	(C) Corporate debt instruments	2b(1)(C)	232428013	
	(D) Loans (other than to participants)	2b(1)(D)	1984083	
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	159082166	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		440597104
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	107767999	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17677507	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		125445506
	(3) Rents	2b(3)		130387280
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23271965565	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23090342714	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		181622851
	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	155663032	
	(B) Other	2b(5)(B)	960810264	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1116473296

				(a)	Amount		(b) Total
	(6) Net investment gain (loss) from common/collective trusts	2b(6)						563141503
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)						212447554
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)						
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)						18877196
	(10) Net investment gain (loss) from registered investment	2b(10)						1683868
_	companies (e.g., mutual funds) Other income	20						1980293
	Total income. Add all income amounts in column (b) and enter total							4336785674
u	Expenses	2d						4330703074
_	·							
E	Benefit payment and payments to provide benefits:	2e(1)			25303	290657		
	(1) Directly to participants or beneficiaries, including direct rollovers	2 (2)			20002	190037	_	
	(2) To insurance carriers for the provision of benefits	2-(2)						
	(3) Other	2 (1)						2520200657
	(4) Total benefit payments. Add lines 2e(1) through (3)							2530290657
t	Corrective distributions (see instructions)							
g		01:						
n	Interest expense	0:(4)				70440		10365
ı	Administrative expenses: (1) Professional fees	—				272412	_	
	(2) Contract administrator fees	—				11079		
	(3) Investment advisory and management fees					863190		
	(4) Other				174	132519		
	(5) Total administrative expenses. Add lines 2i(1) through (4)							258979200
j	Total expenses. Add all expense amounts in column (b) and enter total	2j						2789280222
	Net Income and Reconciliation							
k	Net income (loss). Subtract line 2j from line 2d	2k						1547505452
I	Transfers of assets:							
	(1) To this plan	21(1)						
	(2) From this plan	21(2)						
Ps	art III Accountant's Opinion							
_	Complete lines 3a through 3c if the opinion of an independent qualified public a	accountant is a	attached	to th	is Form 5	5500. Com	nplete line 3d if	an opinion is not
	attached.							
a ·	The attached opinion of an independent qualified public accountant for this pla	n is (see instru	ıctions):					
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse						
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	3-8 and/or 103-	-12(d)?				Yes	X No
С	Enter the name and EIN of the accountant (or accounting firm) below:							
	(1) Name: LINDQUIST LLP		(2) E	IN: 52	2-238529	6		
ď	The opinion of an independent qualified public accountant is not attached bec (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		t Form	5500	pursuant	to 29 CF	R 2520.104-50	
Pa	art IV Compliance Questions							
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do r 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		nes 4a,	4e, 4	f, 4g, 4h,	4k, 4m, 4	n, or 5.	
	During the plan year:		_		Yes	No	Ar	mount
а	Was there a failure to transmit to the plan any participant contributions within period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any puntil fully corrected. (See instructions and DOL's Voluntary Fiduciary Corrected.	orior year failur		4a		X		
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 loan secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)				4b	X			59041900

			Yes	No	Amoi	ınt
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			328479
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			Х		
	checked.)	4d	V	Λ		
е	Was this plan covered by a fidelity bond?	4e	Х			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			4707968973
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,	4h	X			
j	and see instructions for format requirements.)	4i	^			
	see instructions for format requirements.)	4j	Χ			
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				
5b	las 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		No No ify the pla	Amou		ities were
	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 ERIS,	A secti	ion 4021)′	? X	es No No	ot determined
Part	V Trust Information (optional)					
a Na	me of trust			6b ⊤	rust's EIN	