

SCHEDULE H (Form 5500) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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	6723956	8040747
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	161139064	148800000
(2) Participant contributions.....		
(3) Other.....	216105693	244889166
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	3866134498	4406483987
(2) U.S. Government securities	3606348481	3880737255
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other.....	5936655905	5609253074
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common.....	4451465493	4992608677
(5) Partnership/joint venture interests	5545042758	5827643094
(6) Real estate (other than employer real property).....	2632574970	2417858964
(7) Loans (other than to participants)	30633767	28538423
(8) Participant loans.....		
(9) Value of interest in common/collective trusts	9860936285	10468298611
(10) Value of interest in pooled separate accounts	2492144179	2808922125
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities.....	1109910278	1212766405
(13) Value of interest in registered investment companies (e.g., mutual funds).....	335181811	364395113
(14) Value of funds held in insurance company general account (unallocated contracts).....	98162705	100606689
(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	2892477
f	Total assets (add all amounts in lines 1a through 1e)	1f	40352052320
Liabilities			
g	Benefit claims payable	1g	8773330
h	Operating payables	1h	26837452
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	3983380668
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	4018991450
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36333060870

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)	1683556444
	(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)	1683556444
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2964159
	(B) U.S. Government securities	2b(1)(B)	47476403
	(C) Corporate debt instruments	2b(1)(C)	190309921
	(D) Loans (other than to participants)	2b(1)(D)	1816043
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	93116359
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	335682885
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	150745289
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	19577777
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	170323066
(3)	Rents	2b(3)	126514954
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	21206791536
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21097757665
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	109033871
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	207130363
	(B) Other	2b(5)(B)	784071504
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	991201867

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		971963202
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		197709261
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		83392518
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		10039228
c Other income.....	2c		255832
d Total income. Add all income amounts in column (b) and enter total.....	2d		4679673128

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2672007659	
(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)		2672007659
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		56608
i Administrative expenses: (1) Professional fees.....			
(2) Contract administrator fees.....	2i(1)	7069568	
(3) Investment advisory and management fees.....	2i(2)	67861765	
(4) Other	2i(3)	198690207	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(4)	24140626	
	2i(5)		297762166
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2969826433

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1709846695
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		2789868

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		92720815

	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		18600
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		5976710566
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.).....			
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.....			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?			

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)
IAM NATIONAL PENSION FUND	51-6031295	002

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3999625. (See instructions.)

Part V Trust Information	
6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number