

Form **5500**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1210 - 0110  
1210 - 0089

**2006**

This Form is Open to Public Inspection.

**Part I Annual Report Identification Information**

For the calendar plan year 2006 or fiscal plan year beginning 10/01/2006 and ending 09/30/2007

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions)

**Part II Basic Plan Information** - enter all requested information.

<b>1a</b> Name of plan <b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
	<b>1c</b> Effective date of plan (mo., day, yr.) <b>04/11/1958</b>
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <b>TRUSTEES NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FUND</b>  <b>1 WALL STREET, 4TH FLOOR</b>  <b>BURLINGTON MA 01803-4768</b>	<b>2b</b> Employer Identification Number (EIN) <b>04-6372430</b>
	<b>2c</b> Sponsor's telephone number <b>781-345-4400</b>
	<b>2d</b> Business code (see instructions) <b>484120</b>

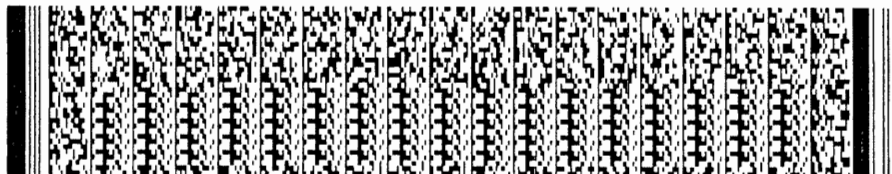
**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN HERE** Charles Langone 7/14/2008 **CHARLES LANGONE**  
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

**SIGN HERE** William M. Langone 7/14/2008 **TRUSTEES NEW ENGLAND TEAMSTERS &**  
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

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<b>3a</b> Plan administrator's name and address (If same as plan sponsor, enter "Same") <b>SAME</b>	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below: <b>a</b> Sponsor's name	<b>b</b> EIN
	<b>c</b> PN

<b>5</b> Preparer information (optional) <b>a</b> Name (including firm name, if applicable) and address  DARCANGELO & CO., LLP 120 LOMOND COURT  UTICA NY 13502	<b>b</b> EIN  13-2550103
	<b>c</b> Telephone number  315-735-5216

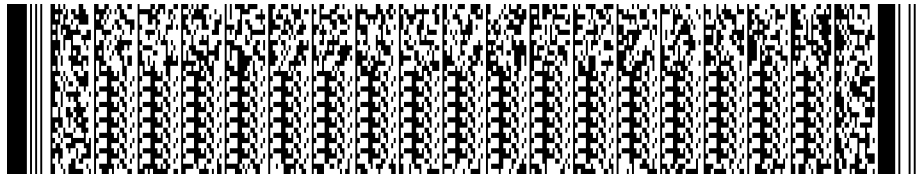
<b>6</b> Total number of participants at the beginning of the plan year	<b>6</b>	76042
<b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
<b>a</b> Active participants	<b>7a</b>	25940
<b>b</b> Retired or separated participants receiving benefits	<b>7b</b>	19491
<b>c</b> Other retired or separated participants entitled to future benefits	<b>7c</b>	24584
<b>d</b> Subtotal. Add lines 7a, 7b, and 7c	<b>7d</b>	70015
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>7e</b>	6070
<b>f</b> Total. Add lines 7d and 7e	<b>7f</b>	76085
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>7g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>7h</b>	
<b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	<b>7i</b>	895

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

**a**  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): **1B** **1G**

**b**  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(i) insurance contracts	(2) <input type="checkbox"/> Code section 412(i) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor



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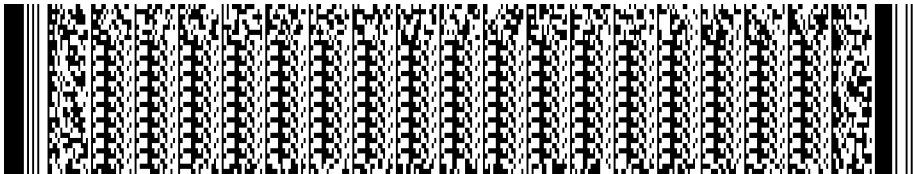
**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **B** (Actuarial Information)
- (3)  **E** (ESOP Annual Information)
- (4)  **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information -- Small Plan)
- (3)  **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)



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**SCHEDULE B  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ Attach to Form 5500 or 5500-EZ if applicable.  
▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

**2006**

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2006 or fiscal plan year beginning 10/01/2006 and ending 09/30/2007,

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSIO		<b>B</b> Three-digit plan number ... ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ TRUSTEES, NEW ENGLAND TEAMSTERS & TRUCKING		<b>D</b> Employer Identification Number 04-6372430	
<b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer (2) <input type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer		<b>F</b> <input type="checkbox"/> 100 or fewer participants in prior plan year	

**Part I Basic Information** (To be completed by all plans)

**1a** Enter the actuarial valuation date: Month 10 Day 01 Year 2006

**b** Assets:

(1) Current value of assets .....	<b>b(1)</b>	3414602100
(2) Actuarial value of assets for funding standard account .....	<b>b(2)</b>	3261467000
<b>c</b> (1) Accrued liability for plans using immediate gain methods .....	<b>c(1)</b>	5862767400
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>c(2)(c)</b>	

**Statement by Enrolled Actuary (see instructions before signing):**

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN  
HERE**

*PR Hardcastle*

Signature of actuary

*5/21/08*

Date

PETER R. HARDCASTLE, F.S.A.

**G** 08-05197

Type or print name of actuary

Most recent enrollment number  
703-893-1456

CHEIRON, INC

Telephone number (including area code)

Firm name

8200 GREENSBORO DR, SUITE 1125

MCLEAN

VA

22102-3863

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions.

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

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Schedule B (Form 5500) 2006



**1d** Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	<b>d(1)</b>	0
(2) "RPA '94" information:		
(a) Current liability . . . . .	<b>d(2)(a)</b>	7466568700
(b) Expected increase in current liability due to benefits accruing during the plan year . . . . .	<b>d(2)(b)</b>	226480500
(c) Current liability computed at highest allowable interest rate (see instructions) . . . . .	<b>d(2)(c)</b>	
(d) Expected release from "RPA '94" current liability for the plan year . . . . .	<b>d(2)(d)</b>	
(3) Expected plan disbursements for the plan year . . . . .	<b>d(3)</b>	404845400

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of the assets (see instructions) . . . . .	<b>2a</b>	3414602100
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**b** "RPA '94" current liability:

- (1) For retired participants and beneficiaries receiving payments . . . . .
- (2) For terminated vested participants . . . . .
- (3) For active participants . . . . .
- (4) Total . . . . .

(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
30346	3872783900	3872783900
19320	887534500	887534500
26376	2621437500	2706250300
76042	7381755900	7466568700

<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage . . . . .	<b>2c</b>	45.73 %
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**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
	241536000				
<b>3 Totals ▶ (b)</b>				241536000	<b>(c)</b> 0

**4** Quarterly contributions and liquidity shortfall(s):

<b>a</b> Plans other than multiemployer plans, enter funded current liability percentage for preceding year (see instructions) . . . . .	<b>4a</b>	%
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**b** If line 4a is less than 100%, see instructions, and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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- 5** Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a**  Attained age normal      **b**  Entry age normal      **c**  Accrued benefit (unit credit)
- d**  Aggregate      **e**  Frozen initial liability      **f**  Individual level premium
- g**  Individual aggregate      **h**  Other (specify) ▶ \_\_\_\_\_
- i** Has a change been made in funding method for this plan year? .....  Yes  No
- j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? .....  Yes  No
- k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method ..... Month      Day      Year

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability .....	<b>6a</b>	5.79 %	<input type="checkbox"/> N/A								
<b>b</b> Weighted average retirement age .....	<b>6b</b>	62	<input type="checkbox"/> N/A								
<b>c</b> Rates specified in insurance or annuity contracts ... <input type="checkbox"/> N/A	<b>6c</b>	<table border="1"> <tr> <th colspan="2">Pre-retirement</th> <th colspan="2">Post-retirement</th> </tr> <tr> <td>Yes</td> <td><input checked="" type="checkbox"/> No</td> <td>Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	Pre-retirement		Post-retirement		Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Pre-retirement		Post-retirement									
Yes	<input checked="" type="checkbox"/> No	Yes	<input checked="" type="checkbox"/> No								
<b>d</b> Mortality table code for valuation purposes:											
(1) Males .....	<b>d(1)</b>	2	2								
(2) Females .....	<b>d(2)</b>	2-7	2-7								
<b>e</b> Valuation liability interest rate ..... <input type="checkbox"/> N/A	<b>6e</b>	8.50 %	8.50 % <input type="checkbox"/> N/A								
<b>f</b> Expense loading ..... <input type="checkbox"/> N/A	<b>6f</b>	10.3 %	% <input checked="" type="checkbox"/> N/A								
<b>g</b> Annual withdrawal rates:											
(1) Age 25 .....	<b>g(1)</b>	U 8.40 %	U 8.40 %								
(2) Age 40 .....	<b>g(2)</b>	U 6.61 %	U 6.61 %								
(3) Age 55 .....	<b>g(3)</b>	U 0.00 %	U 0.00 %								
<b>h</b> Salary scale ..... <input checked="" type="checkbox"/> N/A	<b>6h</b>	%	% <input checked="" type="checkbox"/> N/A								
<b>i</b> Estimated investment return on actuarial value of assets for year ending on the valuation date	<b>6i</b>	9.0 %									
<b>j</b> Estimated investment return on current value of assets for year ending on the valuation date ..	<b>6j</b>	8.6 %									

**7** New amortization bases established in the current plan year:

(1) Type of Base	(2) Initial Balance	(3) Amortization Charge/Credit
1	102158900	11338300

- 8** Miscellaneous information:
- a** If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval ..... Month      Day      Year

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8b If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions

c Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

9 Funding standard account statement for this plan year:

Charges to funding standard account:

Table with 2 columns: Description and Amount. Rows include: 9a Prior year funding deficiency, if any (0); 9b Employer's normal cost for plan year as of valuation date (69895100); 9c Amortization charges as of valuation date: (1) All bases except funding waivers (3447003600), (2) Funding waivers (0); 9d Interest as applicable on lines 9a, 9b, and 9c (40956700); 9e Additional interest charge due to late quarterly contributions, if applicable; 9f Adjusted additional funding charge from Part II, line 12q, if applicable (N/A); 9g Total charges. Add lines 9a through 9f (522800600).

Credits to funding standard account:

Table with 2 columns: Description and Amount. Rows include: 9h Prior year credit balance, if any (365875100); 9i Employer contributions. Total from column (b) of line 3 (241536000); 9j Amortization credits as of valuation date (479828100); 9k Interest as applicable to end of plan year on lines 9h, 9i, and 9j (49097400); 9l Full funding limitation (FFL) and credits: (1) ERISA FFL (accrued liability FFL) (3295221600), (2) "RPA '94" override (90% current liability FFL) (3839855900), (3) FFL credit; 9m (1) Waived funding deficiency, (2) Other credits; 9n Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) (749945700); 9o Credit balance: If line 9n is greater than line 9g, enter the difference (227145100); 9p Funding deficiency: If line 9g is greater than line 9n, enter the difference (0).

Reconciliation account:

Table with 2 columns: Description and Amount. Rows include: 9q Current year's accumulated reconciliation account: (1) Due to additional funding charges as of the beginning of the plan year (0), (2) Due to additional interest charges as of the beginning of the plan year (0), (3) Due to waived funding deficiencies: (a) Reconciliation outstanding balance as of valuation date (0), (b) Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) (0), (4) Total as of valuation date (0).

10 Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable 10 0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions Yes No

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**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**1. Regular Pension**

**Eligibility**

Age 64 with 15 years of Pension Credit and six months of contributory credit after age 49.

**Amount of Benefit**

The benefit is based on years of Pension Credit, age at retirement, and the collective bargaining agreements in effect on and after December 31, 1986. The amount of the benefit is the total of the monthly values which correspond to each year of Pension Credit. All benefit accrual values were frozen at the level in effect on July 31, 2005. To maintain accruals at this level, contributions must increase by 5% each year starting with the next bargaining agreement. Should a future bargaining agreement fail to provide for a 5% increase, the accrual rate will be reduced by 50%.

Participants may earn up to 33 years of Regular Pension Credit. There are no restrictions on the first 25 years, but the next 8 years must be earned after 1993 and there is a minimum hourly contribution rate.

Year of Credit	Earn for Service Rendered in	Contribution Rate Greater Than or Equal to	Effective for Retirements on or after
25	N/A	N/A	N/A
26	1994 or later	\$ 2.66	10/01/1995
27	1995 or later	\$ 2.86	01/01/1996
28	1996 or later	\$ 2.86	01/01/1996
29	1997 or later	\$ 3.46	01/01/1997
30	1998 or later	\$ 3.46	01/01/1998
31	1999 or later	\$ 3.46	01/01/1999
32	2000 or later	\$ 3.76	01/01/2000
33	2001 or later	\$ 3.76	01/01/2001

**2. Statutory Pension**

**Eligibility**

Five years of service, or attainment of Normal Retirement Age while a Participant. Normal Retirement Age is 64, if later, the fifth anniversary of participation.

**Amount of Benefit**

Accrued Regular Pension.





Attachments to 2006 Schedule B (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001  
Schedule B, line 6 – Summary of Plan Provisions

**3. Early Retirement**

**Eligibility**

Age 55 and 15 years of Pension Credit, unless, prior to October 1, 2003 the participant had qualified for a 30-year pension or a Special Service Pension or had attained age 52 with 15 years of Pension Credit.

**Amount of Benefit**

Pension amount reduced in accordance with the schedule shown in Table B.

**4. 30-Year Full Service Pension**

**Eligibility**

30 years of Contributory Pension Credit. If the participant did not meet this criterion on July 31, 2005, then the participant must also attain age 57.

**Amount of Benefit**

The Regular Pension amount at age 60 multiplied by 83% if the participant qualified for this benefit before October 1, 2003, otherwise 75%.

**5. Special Service Pension**

**Eligibility**

Leave Covered Employment at "Service Retirement Age" under specified minimum contribution rate sequences, and meet contributory Pension Credit requirements. If the participant did not meet the criteria described above on July 31, 2005, then the participant must also attain age 57.

**Amount of Benefit**

Special Service Pensions under schedules A, A1, and B are only available to participants who met the qualifications prior to October 1, 2003. Special Service Pensions under schedules C and D are still open. The amount of the Special Service Pension is related to the participant's age and contributory service at retirement. See Table C for schedules C and D.

**6. Part-Time Special Service Pension**

**Eligibility**

Leave Covered Employment at "Service Retirement Age" under specified high contribution rate sequences, and meet contributory Pension Credit requirement, as shown in Table C, 25 "part-time years." A "part-time year" is given for each calendar year in which the participant earns 830 hours. If the participant did not meet the criteria described above on July 31, 2005, then the participant must also attain age 57.



Attachments to 2006 Schedule B (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001  
Schedule B, line 6 – Summary of Plan Provisions

**Amount of Benefit**

One half of the full Schedule C Special Service Pension benefit.

**(b) SPOUSE'S BENEFIT**

**Eligibility**

Right to a vested pension. The spouse's benefit commences at any time when the participant could start receiving a benefit had he lived; if the hourly contribution rate is \$1.00 or more and the participant has at least 15 years of Pension Credit, then his spouse's benefit may be paid immediately.

**7. Disability Pension**

**Eligibility**

Becoming disabled while in current employment after earning at least 10 years of Pension Credit Service. The participant must also qualify for a Social Security disability award.

**Amount of Benefit**

Vested pension amount reduced in accordance with the disability retirement schedule shown in Table B.

**Amount of Benefit**

100% of the benefit the participant would have received had he retired on the day before he died and elected the 100% Husband and Wife Pension. If the participant had 15 or more years of Pension Credit and was below age 52, the benefit is calculated as though he had been age 52. The standard 25% reduction is applied to the benefit.

**8. Pre-Retirement Death Benefits**

**(a) LUMP SUM BENEFIT**

**Eligibility**

10 years of Pension Credit Service and actively engaged in covered employment at death.

**Amount of Benefit**

\$200 per year of Pension Credit Service to a maximum of \$5,000. The benefit is payable to a designated beneficiary.

**(c) UNMARRIED PARTICIPANTS**

**Eligibility**

The named beneficiary of an unmarried participant who has satisfied the eligibility conditions for retirement and who dies before retirement will receive a pre-retirement death benefit.

**Amount of Benefit**

The amount of this pre-retirement death benefit is the retirement benefit that could have been paid to the participant at the date of his death reduced by 25%.



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

This pre-retirement death benefit is paid for a fixed term of 36 months.

**9. Post-Retirement Husband and Wife Death Benefit**

If the participant is married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If it is rejected, or if the participant is not married, benefits are payable for the life of the participant without reduction, or in any other available optional form elected by the participant in an actuarially equivalent amount. Certain forms of payment may not be available to Statutory Pensioners.

**10. Participation**

The earliest January 1 or July 1 after completion of a period of 12 consecutive months during which contributions were made for at least 750 hours of Covered Employment.

**11. Vesting Service**

One year for each calendar year the participant works 750 hours.

**12. Plan Changes not reflected in prior valuations**

None.



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**TABLE A – Benefit Table for Pre-1987 Contributory Pension Credit**

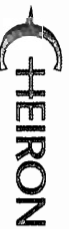
Pre-1987 Approved Contribution Rate	Monthly Contributory Service Accrual Payable at Age 64 for Each Year of Contributory Pension Credit
\$0.36	\$15.00
0.42	18.00
0.49	22.00
0.57	26.00
0.60	27.00
0.71	31.00
0.82	36.00
0.92	40.00
1.04	47.00
1.14	50.00
1.24	54.00
1.30	54.00
1.41	54.00
1.56	54.00
1.61-1.66-1.71	65.00



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**TABLE A – Benefit Table for Post-1986 Contributory Pension Credit**

Approved Hourly Contribution Rate	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit
\$ 0.15	\$ 6.00	\$ 1.81	\$ 104.60	\$ 3.21	\$ 191.00	\$ 4.61	\$ 246.00
0.20	8.00	1.86	109.00	3.26	192.80	4.66	248.00
0.25	11.25	1.91	113.40	3.31	194.60	4.71	250.00
0.30	15.00	1.96	117.90	3.36	196.40	4.76	252.00
0.35	17.50	2.01	122.30	3.41	198.20	4.81	254.00
0.40	20.00	2.06	126.80	3.46	200.00	4.86	256.00
0.45	22.50	2.11	131.20	3.51	202.00	4.91	258.00
0.50	25.00	2.16	135.60	3.56	204.00	4.96	260.00
0.55	27.50	2.21	140.10	3.61	206.00	5.01	262.00
0.60	31.00	2.26	144.50	3.66	208.00	5.06	264.00
0.71	35.10	2.31	149.00	3.71	210.00	5.11	266.00
0.82	41.30	2.36	153.40	3.76	212.00	5.16	268.00
0.92	45.40	2.41	157.80	3.81	214.00	5.21	270.00
1.04	53.70	2.46	162.30	3.86	216.00	5.26	272.00
1.14	57.80	2.51	166.70	3.91	218.00	5.31	274.00
1.24	61.80	2.56	171.20	3.96	220.00	5.36	276.00
1.30	65.60	2.61	171.20	4.01	222.00	5.41	278.00
1.41	73.60	2.66	171.20	4.06	224.00	5.46	280.00
1.56	84.60	2.71	173.00	4.11	226.00	5.51	282.00
1.61	88.40	2.76	174.80	4.16	228.00	5.56	284.00
1.66	92.10	2.81	176.60	4.21	230.00	5.61	286.00
1.71	95.70	2.86	178.40	4.26	232.00	5.66	288.00
1.76	100.15	2.91	180.20	4.31	234.00	5.71	290.00
1.81	104.60	2.96	182.00	4.36	236.00	5.76	292.00
1.86	109.00	3.01	183.80	4.41	238.00	5.81	294.00
1.91	113.40	3.06	185.60	4.46	240.00	5.86	296.00
1.96	117.90	3.11	187.40	4.51	242.00	5.91	298.00
2.01	122.30	3.16	189.20	4.56	244.00	5.96	300.00



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**TABLE B - Early Retirement Reduction Percentages**

<b>Age at Retirement</b>	<b>Early Retirement Pension</b>	<b>30 Year Full Service Pension</b>	<b>Early Statutory Pension</b>	<b>Early Disability Pension</b>
64 and older	100%	100%	100%	100%
63	95%	95%	95%	100%
62	90%	90%	90%	100%
61	85%	85%	85%	100%
60	80%	80%	80%	100%
59	72%	75%	72%	100%
58	64%	75%	64%	90%
57	56%	75%	56%	82%
56	48%	75%	48%	74%
55	40%	75%	40%	66%
54		75%		61%
53		75%		55%
52		75%		50%
51 and younger		75%		50%



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**TABLE C – Special Service Pensions: Schedule C**

Age	Years of Contributory Credit															
	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
<b>59 and under</b>	\$2,000	\$2,150	\$2,300	\$2,450	\$2,600	\$3,000	\$3,150	\$3,300	\$3,450	\$3,600	\$3,750	\$3,900	\$4,050	\$4,200	\$4,200	\$4,200
60	2,500	2,650	2,800	2,950	3,100	3,250	3,400	3,550	3,700	3,850	4,000	4,150	4,200	4,200	4,200	4,200
61	2,600	2,750	2,900	3,050	3,200	3,350	3,500	3,650	3,800	3,950	4,100	4,200	4,200	4,200	4,200	4,200
62	2,700	2,850	3,000	3,150	3,300	3,450	3,600	3,750	3,900	4,050	4,200	4,200	4,200	4,200	4,200	4,200
63	2,800	2,950	3,100	3,250	3,400	3,550	3,700	3,850	4,000	4,150	4,200	4,200	4,200	4,200	4,200	4,200
64	2,900	3,050	3,200	3,350	3,500	3,650	3,800	3,950	4,100	4,200	4,200	4,200	4,200	4,200	4,200	4,200
<b>65 and over</b>	3,000	3,150	3,300	3,450	3,600	3,750	3,900	4,050	4,200	4,200	4,200	4,200	4,200	4,200	4,200	4,200

In order to qualify for a Schedule C Special Service Pension a participant must:

1. Have completed 25 years of Contributory Credit Service
2. Have at least 600 hours of service at a minimum rate of \$4.21
3. Have a contribution rate history that meets the following requirements:

Year of retirement	2003	2004	2005	2006	2007	2008	2009	2010	2011
Minimum Rate in five preceding years	\$3.11	\$3.46	\$3.76	\$3.91	\$4.06	\$4.21	\$4.42	\$4.64	\$4.87

For retirements after 2011, the Minimum Rate increases by 5% each year.



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Summary of Plan Provisions**

**TABLE C – Special Service Pensions; Schedule D**

Age	Years of Contributory Credit											
	30	31	32	33	34	35	36	37	38	39	40	
<b>59 and under</b>	\$3,500	\$3,650	\$3,800	\$3,950	\$4,100	\$4,250	\$4,400	\$4,550	\$4,700	\$4,700	\$4,700	\$4,700
60	3,750	3,900	4,050	4,200	4,350	4,500	4,650	4,700	4,700	4,700	4,700	4,700
61	3,850	4,000	4,150	4,300	4,450	4,600	4,700	4,700	4,700	4,700	4,700	4,700
62	3,950	4,100	4,250	4,400	4,550	4,700	4,700	4,700	4,700	4,700	4,700	4,700
63	4,050	4,200	4,350	4,500	4,650	4,700	4,700	4,700	4,700	4,700	4,700	4,700
64	4,150	4,200	4,450	4,600	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700
<b>65 and over</b>	4,250	4,400	4,550	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700	4,700

In order to qualify for a Schedule D Special Service Pension a participant must:

1. Have completed 30 years of Contributory Credit Service
2. Have at least 600 hours of service at a minimum rate of \$4.46
3. Be under a Collective Bargaining Agreement with a contribution sequence of \$4.31-\$4.46-\$4.66-\$4.86-\$5.06-\$5.26
4. Have a contribution rate history that meets the following requirements:

Year of retirement	2003	2004	2005	2006	2007	2008	2009	2010	2011
Minimum Rate in five preceding years	\$4.06	\$4.21	\$4.32	\$4.46	\$4.66	\$4.86	\$5.06	\$5.26	\$5.52

For retirements after 2011, the Minimum Rate increases by 5% each year.





**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Statement of Actuarial Assumptions/Methods**

**A. Actuarial Assumptions**

**1. Mortality**

- (a) Healthy lives: 1971 Group Annuity Mortality Table for males, set back seven years for females.
- (b) Disabled lives: PBGC mortality table for disabled lives receiving Social Security
- (c) Current liability:  
 RPA '94: The 1983 Group Annuity Mortality Table for males and females as provided by IRS regulation.

**2. Interest Rate**

- (a) For all calculations except current liability: 8.5%
- (b) For current liability: 5.79%

**3. Retirement Age**

Age	Probability of Retirement	Age	Probability of Retirement
53	0.75%	62	24.50%
54	0.75	63	26.50
55	1.50	64	28.60
56	2.25	65	39.50
57	3.25	66	44.50
58	4.25	67	48.50
59	5.50	68	54.50
60	11.50	69 +	100.00
61	19.50		

The following probabilities are substituted for those in the preceding table for employees age 57 and older if the retirement probability is higher:

Years of Contributory Service	Probability of Retirement
33	30.00%
34	20.00
35	10.00

**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Statement of Actuarial Assumptions/Methods**

**4. Turnover and Disability** - Rates vary by age. Sample rates are shown:

Age	Rate of Withdrawal	Rate of Disability
20	15.83%	0.05%
25	8.40	0.06
30	7.25	0.08
35	7.14	0.11
40	6.61	0.17
45	5.19	0.27
50	0.00	0.45
55	0.00	0.76

(b) Unknown past service:

All active participants whose past service was unknown were assumed to have 16 months of past service.

(c) Unknown birth dates:

Active participants with unknown age are assumed to have entered the Fund at age 28, the same entry age as employees with known age.

(d) Unknown contribution:

Active participants with unknown contribution rates are assumed to have had contributions made on their behalf at the highest negotiated rates available for their industry classification.

**5. Percent Married**

The marriage assumption varies with age. The percentage assumed to be married increases with age from 33% at age 20 to 77% at age 59, then decreases each year to age 75.

Husbands are assumed to be 3 years older than their wives.

**6. Active Participants**

(a) Sex: All active participants are assumed to be male.

**7. Administrative Expenses**

\$6,500,000 was added to the normal cost for anticipated administrative expenses.

**8. Future Benefit Accrual**

Active employees are assumed to earn one year of pension credit per year of active employment.

**9. Changes in Actuarial Assumptions**

The current liability interest assumption was changed from 5.81% to 5.79%. The assumption for administrative expenses was increased to \$6,500,000 in line with estimates for the actual expenses of administering the Fund.

Attachments to 2006 Schedule B (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001  
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

**B. Actuarial Methods**

**1. Valuation Assets**

The actuarial value of assets is calculated under a smoothed market value method with a 5 year phase-in. The value is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 4 years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

The excess of the present value of future benefits for all individuals at the valuation date over the present value of future normal costs is called the actuarial liability, or past service liability.

The excess, if any, of the actuarial liability over the actuarial value of assets is known as the unfunded accrued liability. If the actuarial value of assets exceeds the actuarial liability the Fund may have a surplus.

In order to present the best estimate of the ultimate costs of the Fund to the Trustees, calculations are prepared in two ways:

**2. Actuarial Cost Method**

*(a) Ultimate Benefits*

The Entry Age Normal cost method. Under the entry age normal actuarial cost method the individual, entry age normal cost is determined for each participant by calculating the level annual contribution required to fund that individual's expected benefits based on the current plan provisions over the participant's expected active working lifetime with the Fund at entry.

For the purposes of calculating the required contribution rate the liabilities are calculated assuming that participants immediately commence earning benefits at the **highest benefit rate** they will reach under their current collective bargaining agreement. Consequently, Fund changes attribute to movement from one benefit level to another because higher negotiated contracts are recognized when new contracts are signed.

*(b) Funding Standard Account Benefits*

At the valuation date the present value of future normal cost is calculated for each individual participant by multiplying the entry age normal cost by the present value of the participant's expected future active working lifetime with the Fund. The cost for each participant is then summed to yield the present value of future normal costs.

For the purposes of reporting to the IRS, the valuation is prepared assuming that participants continue earning the negotiated benefit level in effect on the valuation date. Consequently as participants move up from one benefit level to another a loss due to bargaining up arises.

The Actuarial Accrued Liability is the present value of projected pension benefits less the present value of future normal cost. Entry Age is determined as current age less accumulated pension credit (benefit service).

**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6 – Statement of Actuarial Assumptions/Methods**

**3. Valuation Date:**

October 1, 2006

**4. Active and Terminated Vested participants**

(a) Data Collection Date: December 31, 2005

(b) Census: Active participants include all employees who worked at least three months during the calendar year prior to the valuation date and had earned at least one pension credit by the end of the year. In addition, 20% of the employees who worked at least three months during the calendar year prior to the valuation date, had earned less than one pension credit, and had unknown past service and were included in the valuation as active participants.

**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 6b – Description of Weighted Average Retirement Age**

The table below shows the rates of retirement at each age as used in the valuation and the method by which the average retirement age was computed.

(A)	(B)	(C)	(D)
Age	Retirement Decrement Rate	Lives Retiring out of 100	Age multiplied by Retiring Lives
53	0.75%	0.75	39.75
54	0.75%	0.74	40.20
55	1.50%	1.48	81.27
56	2.25%	2.18	122.26
57	3.25%	3.08	175.70
58	4.25%	3.90	226.19
59	5.50%	4.83	285.11
60	11.50%	9.55	572.91
61	19.50%	14.33	874.06
62	24.50%	14.49	898.53
63	26.50%	11.83	745.60
64	28.60%	9.39	600.83
65	39.50%	9.26	601.75
66	44.50%	6.31	416.45
67	48.50%	3.82	255.72
68	54.50%	2.21	150.20
69	100.00%	1.84	127.24
<b>Total</b>		<b>100.00</b>	<b>6213.79</b>
<b>Weighted Retirement Age = 6213.79 / 100.00 =</b>			<b>62.14</b>

**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, lines 9c and 9j – Schedule of Funding Standard Account Bases**

CHARGES	Type of Base	Date Established	Initial Amount	Initial Amortization	Outstanding Balance	Remaining Amortization	Amortization Amount
1. Initial Liability		10/1/1979	\$ 765,767,000	40	\$ 517,491,600	13	\$ 62,014,500
2. Plan Amendment		10/1/1980	41,866,000	40	29,504,600	14	3,394,900
3. Benefit Increase		10/1/1981	26,559,500	40	19,428,000	15	2,156,200
4. Benefit Increase		10/1/1982	2,512,500	30	1,060,800	6	214,700
5. Ben Incr / Plan Amend		10/1/1983	33,666,700	30	16,007,400	7	2,882,400
6. Ben Incr / Plan Amend		10/1/1984	29,967,600	30	15,725,400	8	2,570,100
7. Ben Incr / Plan Amend		10/1/1985	91,796,400	30	52,267,600	9	7,872,600
8. Assumption Change		10/1/1986	53,429,100	30	32,621,600	10	4,582,300
9. Ben Incr / Plan Amend		10/1/1986	49,345,000	30	30,126,900	10	4,231,900
10. Ben Incr / Plan Amend		10/1/1987	229,618,300	30	148,903,100	11	19,692,700
11. Ben Incr / Plan Amend		10/1/1988	58,337,600	30	39,869,800	12	5,003,100
12. Ben Incr / Plan Amend		10/1/1989	128,282,500	30	91,806,100	13	11,001,700
13. Ben Incr / Plan Amend		10/1/1990	18,300,400	30	13,640,400	14	1,569,500
14. Ben Incr / Plan Amend		10/1/1991	397,588,500	30	307,225,800	15	34,097,900
15. Ben Incr / Plan Amend		10/1/1992	31,195,300	30	24,893,200	16	2,675,500
16. Ben Incr / Plan Amend		10/1/1993	29,942,200	30	24,587,800	17	2,567,800
17. Ben Incr / Plan Amend		10/1/1994	18,221,900	30	16,226,800	18	1,651,600
18. Actuarial Loss		10/1/1994	55,464,200	15	19,111,000	3	6,896,500
19. Ben Incr / Plan Amend		10/1/1995	93,787,400	30	84,716,300	19	8,424,900
20. Actuarial Loss		10/1/1995	20,208,800	15	8,696,300	4	2,446,900
21. Actuarial Loss		10/1/1996	40,441,000	15	19,190,700	5	4,488,400
22. Ben Incr / Plan Amend		10/1/1996	88,325,400	30	77,776,400	20	7,574,800
23. Ben Incr / Plan Amend		10/1/1997	199,419,300	30	178,947,600	21	17,102,300
24. Actuarial Loss		10/1/1998	9,154,200	15	5,642,700	7	1,016,000
25. Ben Incr / Plan Amend		10/1/1998	125,655,700	30	114,699,700	22	10,776,400
26. Actuarial Loss		10/1/1999	38,164,700	15	25,916,500	8	4,235,800
27. Ben Incr / Plan Amend		10/1/1999	72,994,200	30	67,669,700	23	6,260,000
28. Ben Incr / Plan Amend		10/1/2000	111,070,100	30	104,427,000	24	9,525,500
29. Actuarial Loss		10/1/2001	140,251,700	15	110,815,900	10	15,566,100
30. Ben Incr / Plan Amend		10/1/2001	55,469,000	30	52,822,800	25	4,757,100
31. Actuarial Loss		10/1/2002	531,593,000	15	446,117,200	11	58,999,700



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, lines 9c and 9j – Schedule of Funding Standard Account Bases**

<b>CHARGES</b>	<b>Type of Base</b>	<b>Date Established</b>	<b>Initial Amount</b>	<b>Initial Amortization</b>	<b>Outstanding Balance</b>	<b>Remaining Amortization</b>	<b>Amortization Amount</b>
32. Ben Incr / Plan Amend		10/1/2003	38,546,900	30	37,534,600	27	3,305,800
33. Ben Incr / Plan Amend		10/1/2004	11,070,700	30	10,884,900	28	949,400
34. Actuarial Loss		10/1/2004	363,177,600	15	336,356,400	13	40,307,900
35. Actuarial Loss		10/1/2005	258,571,000	15	249,412,300	14	28,697,900
36. Ben Incr / Plan Amend		10/1/2005	12,823,000	30	12,719,800	29	1,099,700
37. Actuarial Loss		10/1/2006	102,158,900	15	102,158,900	15	11,338,300
<b>TOTAL CHARGES</b>					\$ 3,447,003,600		\$ 411,948,800

<b>CREDITS</b>	<b>Type of Base</b>	<b>Date Established</b>	<b>Initial Amount</b>	<b>Initial Amortization</b>	<b>Outstanding Balance</b>	<b>Remaining Amortization</b>	<b>Amortization Amount</b>
1. Assumption Change		10/1/1984	119,005,600	30	62,447,100	8	10,206,300
2. Assumption Change		10/1/1990	9,402,800	30	7,008,400	14	806,400
3. Assumption Change		10/1/1991	173,309,600	30	133,921,200	15	14,863,500
4. Actuarial Gain		10/1/1992	21,234,600	15	2,356,500	1	2,356,500
5. Actuarial Gain		10/1/1993	35,616,800	15	7,596,100	2	3,952,900
6. Actuarial Gain		10/1/1997	74,750,800	15	40,989,300	6	8,296,400
7. Actuarial Gain		10/1/2000	34,017,800	15	25,066,600	9	3,775,600
8. Cost Method Change		10/1/2000	318,638,900	10	159,073,000	4	44,758,600
9. Plan Amendment		10/1/2002	21,921,000	30	21,119,700	26	1,879,900
10. Actuarial Gain		10/1/2003	22,895,800	15	20,250,200	12	2,541,100
<b>TOTAL CREDITS</b>					\$ 479,828,100		\$ 93,437,200

As of October 1, 2006, the above credits were combined in accordance with IRS Proposed Regulation 1.412(b)-1(d).

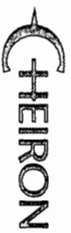
1. Combined Base	10/1/2006	\$ 479,828,100	6.308828	\$ 479,828,100	6.308828	\$ 93,437,200
<b>TOTAL CHARGES</b>				\$ 3,447,003,600		\$ 411,948,800
<b>NET CHARGE</b>				\$ 2,967,175,500		\$ 318,511,600



**Attachments to 2006 Schedule B (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule B, line 11 – Justification for Change in Actuarial Assumptions**

In accordance with IRS regulations, the current liability interest assumption was changed from 5.81% to 5.79%.

The assumption for administrative expenses was increased to \$6,500,000 in line with estimates for the actual expenses of administering the Fund.





**SCHEDULE C  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Service Provider Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2006**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2006 or fiscal plan year beginning **10/01/2006** and ending **09/30/2007**

**A** Name of plan  
**NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUND**

**B** Three-digit plan number ▶ **001**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**TRUSTEES NEW ENGLAND TEAMSTERS &**

**D** Employer Identification Number  
**04-6372430**

**Part I Service Provider Information (see instructions)**

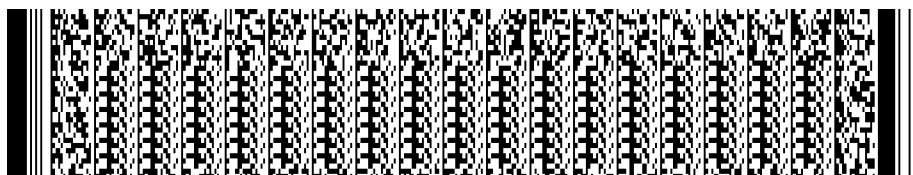
**1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: ..... **1**

**2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
		<b>Contract Administrator</b>	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
			<b>12</b>

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
<b>EARNEST PARTNERS</b>	<b>58-2386669</b>	<b>INVESTMENT MANAGER</b>	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
<b>NONE</b>	<b>0</b>	<b>1809157</b>	<b>21</b>

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 **Schedule C (Form 5500) 2006**



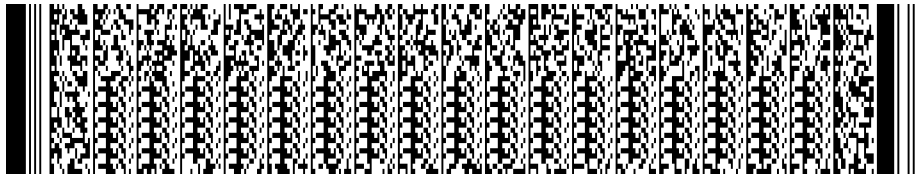
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
LEVINE DEEP VALUE FUND		86-1129583	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	1431109	21

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
WELLINGTON MANAGEMENT COMPANY		04-2683227	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	803806	21

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
STATE STREET GLOBAL ADVISORS		04-0025081	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	752268	21



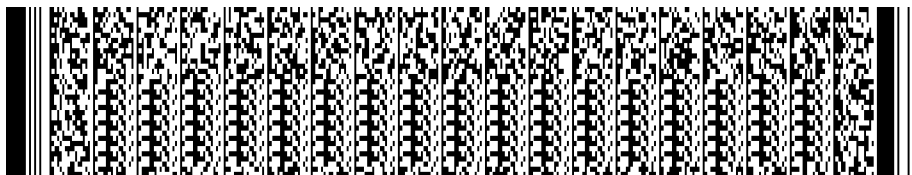
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
ALINDA INFRASTRUCTURE FUND		03-0601879	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	734934	21

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
ST CLOUD CAPITAL PARTNERS II, LP		20-4615136	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	638026	21

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
FEINBERG, CAMPBELL & ZACK		04-2738936	ATTORNEY	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	392499	22



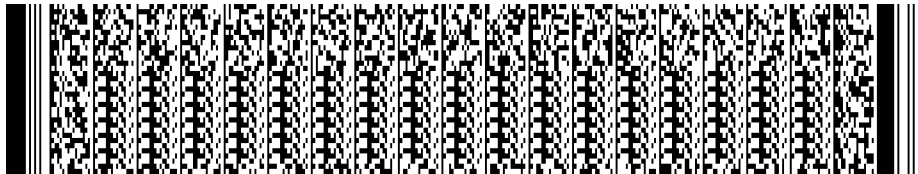
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
BOSTON PARTNERS		04-3270358	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	292980	21	

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
MARQUETTE ASSOCIATES		36-3485298	INVESTMENT ADVISOR	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	251250	20	

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
CHEIRON, INC		13-4215617	ACTUARY	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	237297	11	



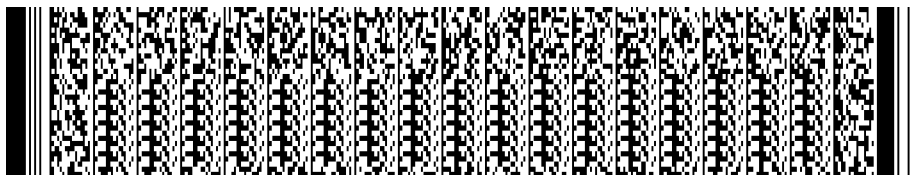
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(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LEVINE LEICHTMAN CAPITAL PARTNERS I	03-0395290	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	216360	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
SOCIAL SECURITY ADMINISTRATION	52-6004813	CONSULTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	190829	17

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GOULSTON & STORRS	04-2738098	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	169383	22



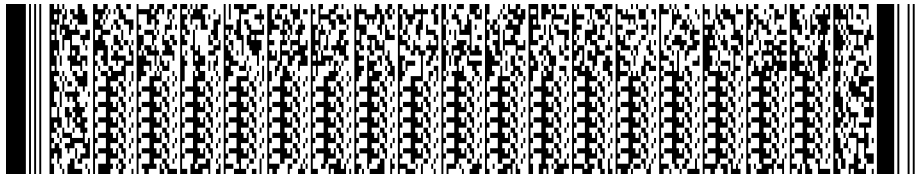
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
MORGAN, LEWIS & BOCKIUS		23-0891050	ATTORNEY	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	140398	22	

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
DARCANGELO & CO., LLP		13-2550103	ACCOUNTANT	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	135214	10	

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
INTERCONTINENTAL US REAL ESTATE FUN		11-3786306	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>	
NONE	0	130648	21	



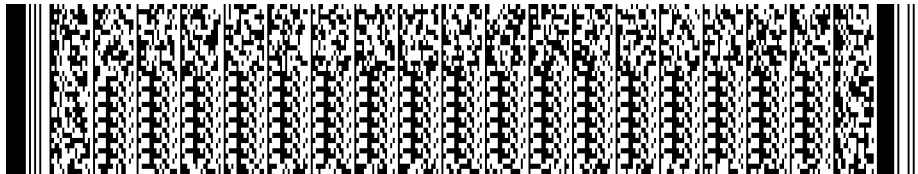
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
STATE STREET BANK & TRUST		04-2723011	CUSTODIAN	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	127083	18

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
AMERICAN REALTY		33-0123114	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	101750	21

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
SIERRA INVESTMENT		68-0370668	INVESTMENT MANAGER	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	86338	21



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<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
ALLIANCE BERNSTEIN	13-4064930	INVESTMENT MANAGER	

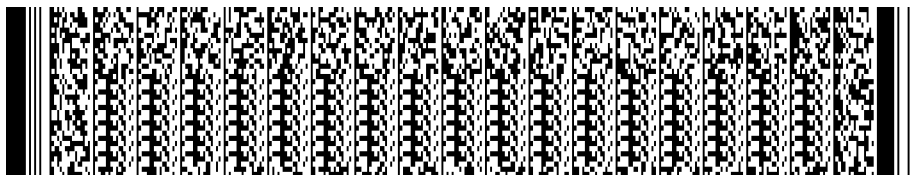
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	85971	21

<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
WARREN BUSINESS GRAPHICS	04-2471984	PRINTING	

<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	72436	23

<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
FERNANDES AND COMPANY	03-	CONSULTANT	

<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	57113	17



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<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>
CORPORATE RISK ADVISORS	04-2532725	RISK ADVISOR

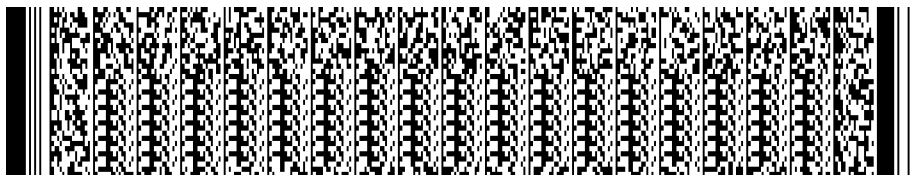
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	56319	29

<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>
INTEGRA REALTY RESOURCES, INC.	04-2492676	CONSULTANT

<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	15900	28

<b>(a) Name</b>	<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>
THE BERWYN GROUP	34-1672337	CONSULTING

<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>	<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE	0	7800	17



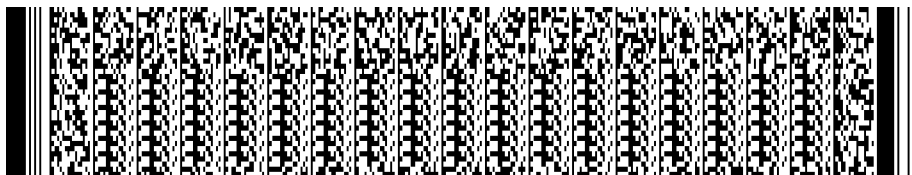
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
LANSA		36-4067691	COMPUTER CONSULTING	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	7125	16

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
LIGHTSHIP ENGINEERING		04-3559768	CONSULTANT	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	5525	17

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
MEREDITH AND GREW		04-1613180	MORTGAGE SERVICING	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	5417	99



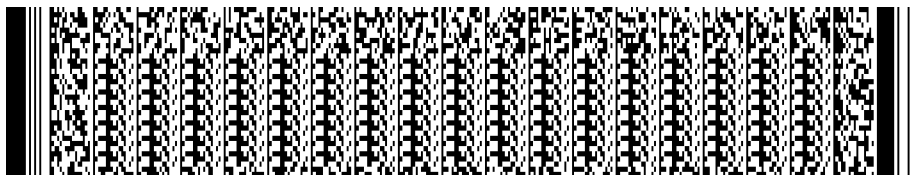
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<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
BROWN & BROWN, LLC		04-3340403	ATTORNEY	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>
NONE		0	0	22

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>

<b>(a) Name</b>		<b>(b) Employer identification number (see instructions)</b>	<b>(c) Official plan position</b>	
<b>(d) Relationship to employer, employee organization, or person known to be a party-in-interest</b>		<b>(e) Gross salary or allowances paid by plan</b>	<b>(f) Fees and commissions paid by plan</b>	<b>(g) Nature of service code(s) (see instructions)</b>



618452 12-26-06

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**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_

(c) Position \_\_\_\_\_

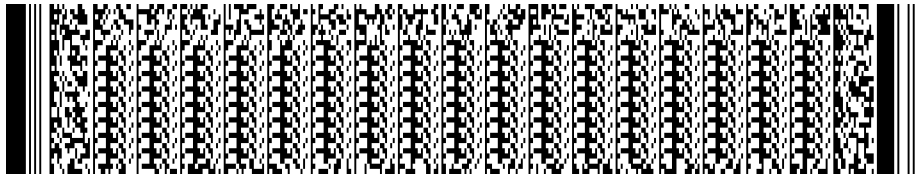
(d) Address \_\_\_\_\_

(e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2006**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2006 or fiscal plan year beginning 10/01/2006 and ending 09/30/2007

**A** Name of plan or DFE  
NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUN **B** Three-digit plan number ► 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500  
TRUSTEES NEW ENGLAND TEAMSTERS & **D** Employer Identification Number  
04-6372430

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(a) Name of MTIA, CCT, PSA, or 103-12IE INDEX PLUS FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-0025081-014 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 498141550

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL 1000 VALUE FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-0025081-015 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 244865338

(a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL 1000 GROWTH FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

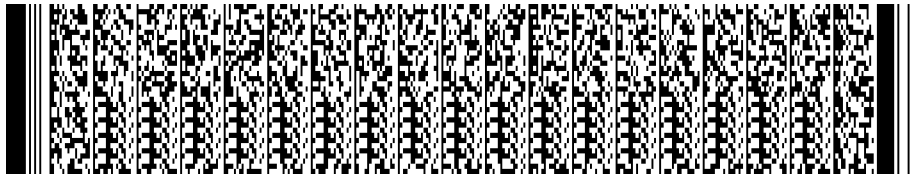
(c) EIN-PN 04-0025081-016 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 238436859

(a) Name of MTIA, CCT, PSA, or 103-12IE MSCI EAFE INDEX FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-0025081-240 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 330312510

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule D (Form 5500) 2006



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(a) Name of MTIA, CCT, PSA, or 103-12IE RUSSELL 2000 INDEX FUND

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-0025081-012 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 77864756

(a) Name of MTIA, CCT, PSA, or 103-12IE MSCI EAFE EMERGING MARKETS FREE

(b) Name of sponsor of entity listed in (a) STATE STREET GLOBAL ADVISORS

(c) EIN-PN 04-3407623-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 97614868

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

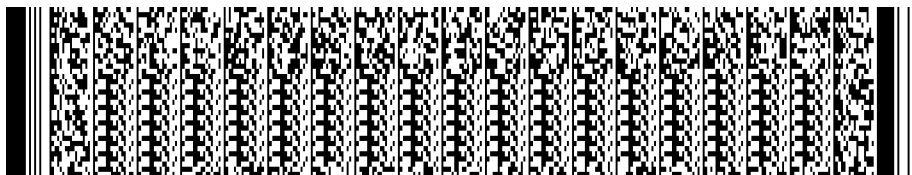
(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_



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**Part II Information on Participating Plans (to be completed by DFEs)**

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

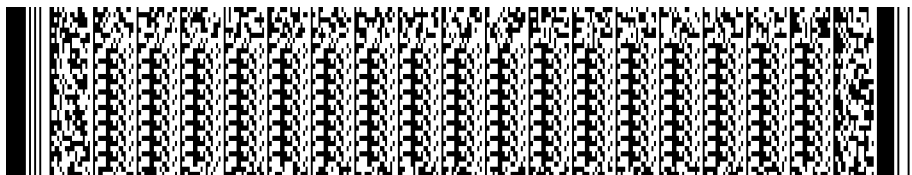
(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_



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**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.**

Official Use Only

OMB No. 1210-0110

**2006**

**This Form is Open  
to Public Inspection.**

For calendar year 2006 or fiscal plan year beginning **10/01/2006** and ending **09/30/2007**

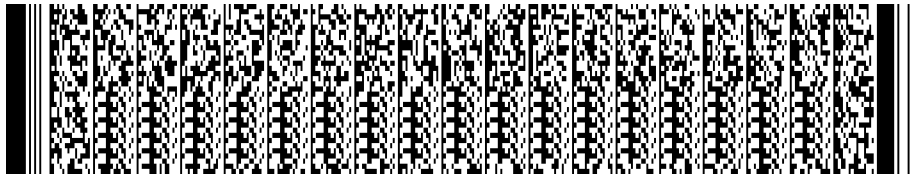
<b>A</b> Name of plan <b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FU</b>		<b>B</b> Three-digit plan number 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES NEW ENGLAND TEAMSTERS &amp;</b>		<b>D</b> Employer Identification Number 04-6372430

**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.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash		15328059	9281701
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions	<b>b(1)</b>	18785252	20739119
<b>(2)</b> Participant contributions	<b>b(2)</b>		
<b>(3)</b> Other	<b>b(3)</b>	42113117	33701494
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (incl. money market accounts & certificates of deposit)	<b>c(1)</b>	127195639	99709064
<b>(2)</b> U.S. Government securities	<b>c(2)</b>	75012594	112403296
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred	<b>c(3)(A)</b>		
<b>(B)</b> All other	<b>c(3)(B)</b>	369503570	418780718
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred	<b>c(4)(A)</b>		
<b>(B)</b> Common	<b>c(4)(B)</b>	725067282	927300284
<b>(5)</b> Partnership/joint venture interests	<b>c(5)</b>	97635756	351494072
<b>(6)</b> Real estate (other than employer real property)	<b>c(6)</b>	180987524	218562053
<b>(7)</b> Loans (other than to participants)	<b>c(7)</b>	29844886	29600632
<b>(8)</b> Participant loans	<b>c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts	<b>c(9)</b>	1037617532	1487235881
<b>(10)</b> Value of interest in pooled separate accounts	<b>c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts	<b>c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities	<b>c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)	<b>c(13)</b>		
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts)	<b>c(14)</b>		
<b>(15)</b> Other	<b>c(15)</b>	729217571	11629095

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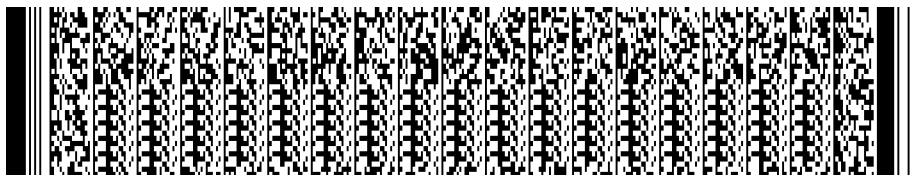


1 d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	d(1)		
(2) Employer real property	d(2)		
e Buildings and other property used in plan operation	e		
f Total assets (add all amounts in lines 1a through 1e)	f	3448308782	3720437409
<b>Liabilities</b>			
g Benefit claims payable	g		
h Operating payables	h	17935117	1911731
i Acquisition indebtedness	i		
j Other liabilities	j		35620316
k Total liabilities (add all amounts in lines 1g through 1j)	k	17935117	37532047
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f)	l	3430373665	3682905362

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from:			
(A) Employers	a(1)(A)	229223219	
(B) Participants	a(1)(B)		
(C) Others (including rollovers)	a(1)(C)		
(2) Noncash contributions	a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)		229223219
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	2711804	
(B) U.S. Government securities	b(1)(B)	6236677	
(C) Corporate debt instruments	b(1)(C)	18296237	
(D) Loans (other than to participants)	b(1)(D)	2524714	
(E) Participant loans	b(1)(E)		
(F) Other	b(1)(F)	12220004	
(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)		41989436
(2) Dividends:			
(A) Preferred stock	b(2)(A)		
(B) Common stock	b(2)(B)	12780426	
(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)		12780426
(3) Rents	b(3)		3932062
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	b(4)(A)	1532151354	
(B) Aggregate carrying amount (see instructions)	b(4)(B)	1506797429	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)		25353925



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		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>b(5)(A)</b>	26201625	
	(B) Other .....	76346319	
	(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....		102547944
	(6) Net investment gain (loss) from common/collective trusts .....	<b>b(6)</b>	252083799
	(7) Net investment gain (loss) from pooled separate accounts .....	<b>b(7)</b>	
	(8) Net investment gain (loss) from master trust investment accounts .....	<b>b(8)</b>	
	(9) Net investment gain (loss) from 103-12 investment entities .....	<b>b(9)</b>	
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>b(10)</b>	
	<b>c</b> Other income .....	<b>c</b>	1696431
	<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>d</b>	669607242
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>e(1)</b>	403647149	
(2) To insurance carriers for the provision of benefits .....	<b>e(2)</b>		
(3) Other .....	<b>e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>e(4)</b>		403647149
<b>f</b> Corrective distributions (see instructions) .....	<b>f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>g</b>		
<b>h</b> Interest expense .....	<b>h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>i(1)</b>	1419670	
	(2) Contract administrator fees .....	<b>i(2)</b>	
	(3) Investment advisory and management fees .....	<b>i(3)</b>	7461680
	(4) Other .....	<b>i(4)</b>	4547046
	(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>i(5)</b>	
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>j</b>		417075545
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss) (subtract line 2j from line 2d) .....	<b>k</b>		252531697
<b>l</b> Transfers of assets			
(1) To this plan .....	<b>l(1)</b>		
(2) From this plan .....	<b>l(2)</b>		

**Part III Accountant's Opinion**

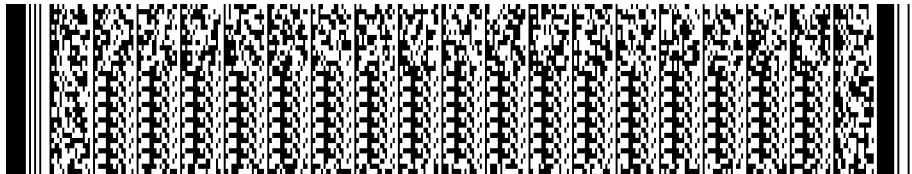
**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.  
Complete line 3d if an opinion is not attached.

**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)  13-2550103  
**DARCANGELO & CO., LLP**

**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.



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**Part IV Transactions During Plan Year**

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

During the plan year:

- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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 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)
- 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)
- 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 on line 4d.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- 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?
- 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?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)
- 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)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

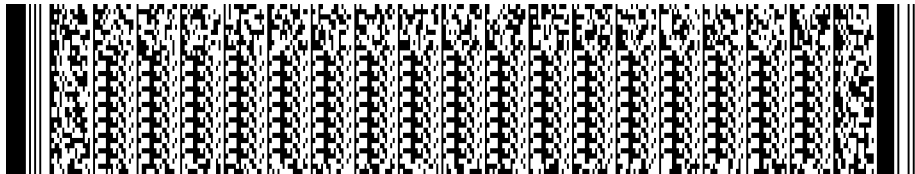
	Yes	No	Amount
<b>a</b>		X	
<b>b</b>		X	
<b>c</b>		X	
<b>d</b>		X	
<b>e</b>	X		10000000
<b>f</b>		X	
<b>g</b>	X		29600632
<b>h</b>		X	
<b>i</b>	X		
<b>j</b>	X		
<b>k</b>		X	

**5 a** 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** \_\_\_\_\_

**5 b** 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)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)



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**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2006**

**This Form is Open to  
Public Inspection.**

For calendar year 2006 or fiscal plan year beginning **10/01/2006** and ending **09/30/2007**

**A** Name of plan  
**NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUN**

**B** Three-digit plan number  
001

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**TRUSTEES NEW ENGLAND TEAMSTERS &**

**D** Employer Identification Number  
04-6372430

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	\$	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). .....			
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>			
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>		

**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)?  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 7.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ..... ► Month \_\_\_ Day \_\_\_ Year \_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.**

<b>6a</b> Enter the minimum required contribution for this plan year .....	<b>6a</b>	\$	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	\$	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	<b>6c</b>	\$	

**If you completed line 6c, skip lines 7 and 8 and complete line 9.**

**7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?  Yes  No  N/A

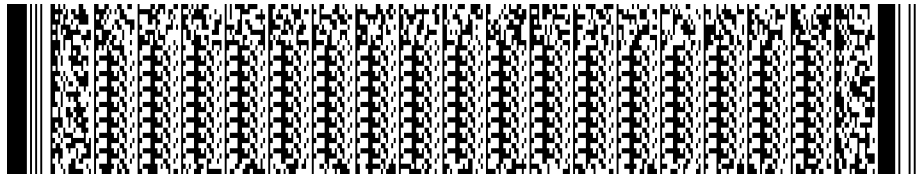
**Part III Amendments**

**8** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. (See instructions.) .....  Increase  Decrease  No

**Part IV Coverage (See instructions.)**

**9** Check the box for the test this plan used to satisfy the coverage requirements .....  the ratio percentage test  average benefit test

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 **Schedule R (Form 5500) 2006**



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**SCHEDULE SSA  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500 unless box 1 is checked.

Official Use Only

OMB No. 1210-0110

**2006**

This Form is NOT Open  
to Public Inspection.

For calendar plan year 2006 or fiscal plan year beginning 10/01/2006 and ending 09/30/2007

<b>A</b> Name of plan <u>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FUND</u>	<b>B</b> Three-digit plan number ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES NEW ENGLAND TEAMSTERS &amp;</u>	<b>D</b> Employer Identification Number <u>04-6372430</u>

1  Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area.

2 Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

3a Name of plan administrator (if other than sponsor)

3b Administrator's EIN

3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)

City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN  
HERE

Signature of plan  
administrator ▶

*Charles Jagan*

Phone number of plan administrator ▶ 781-345-4400

Date ▶ 7/14/2008

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.1 Schedule SSA (Form 5500) 2006



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