

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

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

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos 1210-0110  
1210-0089**2010****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**


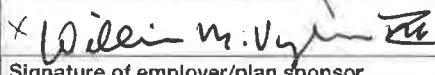
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or  
☐ a single-employer plan; ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;  
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively bargained plan, check here ☒
- D** Check box if filing under: ☐ Form 5558; ☒ automatic extension; ☐ the DFVC program;  
☐ special extension (enter description) \_\_\_\_\_

**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 <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>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION F</b>  <b>1 WALL STREET</b>  <b>BURLINGTON MA 01803-4768</b>  <b>1 WALL STREET</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, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>  Signature of plan administrator	<b>6/12/2012</b> Date	<b>DAVID W. LAUGHTON (UNION TRUSTEE)</b> Enter name of individual signing as plan administrator
<b>SIGN HERE</b>  Signature of employer/plan sponsor	<b>6/12/2012</b> Date	<b>WILLIAM M. VAUGHN (EMPLOYER TRUSTEE)</b> Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b> Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)  
V.092307.1

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<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: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	<b>74684</b>
<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants .....	<b>6a</b>	<b>21486</b>
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	<b>24739</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	<b>20705</b>
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	<b>66930</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	<b>7047</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	<b>73977</b>
<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>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	<b>399</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
**1B 1G**

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)  
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General 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)

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2010</div>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

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

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

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e. money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) ... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**

ABS INVESTMENT MANAGEMENT	98-0544028
55 RAILROAD AVE	
GREENWICH	CT 06830

**(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**

ST CLOUD CAPITAL PARTNERS II, LP	20-4615136
10866 WILSHIRE BLVD	
LOS ANGELES	CA 90210

**(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**

NEWSTONE CAPITAL	77-0661362
1111 SANTA MONICA BLVD	
LOS ANGELES	CA 90024

**(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation**

ENTRUST	13-4075262
375 PARK AVENUE	
NEW YORK	NY 10152

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TREMONT REALTY 20-5240386  
THE PRUDENTIAL TOWER  
BOSTON MA 02199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRECO II - PRUDENTIAL INSURANCE 86-1064052  
8 CAMPUS DRIVE  
PARSIPPANY NJ 07054

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRECO III - PRUDENTIAL INSURANCE 20-4053134  
8 CAMPUS DRIVE  
PARSIPPANY NJ 07054

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRECO IV - PRUDENTIAL INSURANCE 26-2806036  
8 CAMPUS DRIVE  
PARSIPPANY NJ 07054

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INTERCONT. REAL EST. INV. FUND III 04-3549299  
1270 SOLDIER FIELD ROAD  
BOSTON MA 02135

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INTEGRATED PROPERTIES, LLC 04-2492676  
292 NORTH MAIN STREET  
NATICK MA 07160

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

URBAN RETAIL PROPERTIES, LLC 26-0877324  
111 E. WACKER DR, STE 2400  
CHICAGO IL 60601

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a on page 2, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

SEE STATEMENT 1

(a) Enter name and EIN or address (see instructions)

**ROBECO INVESTMENT MANAGEMENT, INC.** 98-0202744  
 909 THIRD AVE  
 NEW YORK NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1764528.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**ALINDA INFRASTRUCTURE FUND II** 26-2932089  
 150 EAST 58TH STREET  
 NEW YORK NY 10155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1492138.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**BABSON CAPITAL MANAGEMENT** 51-0504477  
 PO BOX 845774  
 BOSTON MA 02284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1203821.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**INTERCONTINENTAL US REAL ESTATE FUN** 11-3786306  
 1270 SOLDIER FIELD ROAD  
 BOSTON MA 02135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	817202.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**ALINDA INFRASTRUCTURE FUND I** 03-0601879  
 150 EAST 58TH STREET  
 NEW YORK NY 10155

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	774750.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**MONDRIAN** 98-0117968  
 TWO COMMERCE SQUARE  
 PHILADELPHIA PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	686996.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**AM WINS BROKERAGE** **22-3297313**  
**PO BOX 60343**  
**CHARLOTTE NC 28260**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	521522.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**AMERICAN REALTY** **33-0123114**  
**801 NORTH BRAND BLVD**  
**GLENDALE CA 91203**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	518910.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**DRIEHAUS CAPITAL MANAGEMENT** **20-3634295**  
**PO BOX 10127**  
**CHICAGO IL 60610**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	463620.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**FEINBERG, CAMPBELL & ZACK** **04-2738936**  
**177 MILK STREET**  
**BOSTON MA 02109**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	462877.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**LEVINE DEEP VALUE FUND** **86-1129583**  
**335 NORTH MAPLE DRIVE**  
**BEVERLY HILLS CA 90210**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	448088.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**SIERRA INVESTMENT (TEMPLETON)** **68-0370668**  
**PO BAX 5727**  
**VACAVILLE CA 95696**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	384261.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



(a) Enter name and EIN or address (see instructions)

**MARQUETTE ASSOCIATES** **36-3485298**  
**180 N LASALLE**  
**CHICAGO IL 60601**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	356250.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**THOMAS GREGORY ASSOCIATES** **04-3280958**  
**601 EDGEWATER DR**  
**WAKEFIELD CT MA 01880**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	289788.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**CHEIRON, INC** **13-4215617**  
**PO BOX 37117**  
**BALTIMORE MD 21297**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	240642.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**LEVINE LEICHTMAN CAPITAL PRTRNS IV** **03-0395290**  
**335 NORTH MAPLE DRIVE**  
**BEVERLY HILLS** **CA** **90210**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	222450.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**VICTORY CAPITAL MANAGEMENT** **13-2700161**  
**100 GANNETT DR**  
**SOUTH PORTLAND** **ME** **04106**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	222138.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**MORGAN, LEWIS & BOCKIUS** **23-0891050**  
**PO BOX 8500**  
**PHILADELPHIA** **PA** **19178**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	219061.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**BROWN BROTHER HARRIMAN CAPITAL** **98-0562008**  
**140 BROADWAY, 16TH FLOOR**  
**NEW YORK NY 10005**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	215323.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**STATE STREET GLOBAL ADVISORS** **04-0025081**  
**BOX 5488**  
**BOSTON MA 02284**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	195734.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

**DARCANGELO & CO., LLP** **13-2550103**  
**120 LOMOND CT**  
**UTICA NY 13502**

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	183410.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

STATE STREET BANK & TRUST 04-1867445  
 200 NEW PORT AVE  
 QUINCY MA 02171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	165050.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BNY MELLON (DREYFUS) 13-5160382  
 PO BOX 371784  
 PITTSBURGH PA 15251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	160245.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LEVINE LEICHTMAN CAPITAL PRTRNS III 26-1936690  
 335 NORTH MAPLE DRIVE  
 BEVERLY HILLS CA 90210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	141579.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**THE MATHIS GROUP** **26-0289817**  
**923 FIFTEENTH ST**  
**WASHINGTON** **DC** **20005**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	56000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**WARREN BUSINESS GRAPHICS** **04-2471984**  
**1377 MAIN STREET**  
**WALTHAM** **MA** **02451**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	NONE	39208.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**HORIZON** **53-0181291**  
**8601 GEORGIA AVE**  
**SILVER SPRING** **MD** **20910**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	30000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**CORPORATE RISK ADVISORS****04-2532724****PO BOX 290788****BOSTON****MA 02129**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	25780.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**STANDISH****25-1890416****DEPT 81029****WOBBURN****MA 01813**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	19958.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

**XO COMMUNICATIONS****54-1983517****13865 SUNRISE VALLEY DRIVE****HERNDON****VA 20171**

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	NONE	16542.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

TRAVELERS 06-0566050  
 CL & SPECIALTY REMITTANCE CTR  
 HARTFORD CT 06183

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	13540.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LANSA 36-4067691  
 6762 EAGLE WAY  
 CHICAGO IL 60678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9500.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

THE BERWIN GROUP 34-1672337  
 PARK CENTER  
 BEACHWOOD OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	7800.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PROXY VOTE 76-0702630  
 1200 SHERMER RD, SUITE 216  
 NORTHBROOKE IL 60062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7200.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

VANGUARD SYSTEMS INC 23-2493967  
 2901 DUTTON MILL RD SUITE 220  
 ASTON PA 19014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6300.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

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

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL 1000 VALUE INDEX FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISOR**

<b>c</b> EIN-PN <b>04-0025081 015</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>129824499.</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MSCI EAFE INDEX FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISOR**

<b>c</b> EIN-PN <b>04-0025081 240</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>225597784.</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MSCI EMERGING MARKETS FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISOR**

<b>c</b> EIN-PN <b>04-3407623 001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>40918562.</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: **S&P FLAGSHIP FUND**

**b** Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISOR**

<b>c</b> EIN-PN <b>04-0025081 002</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>205641496.</b>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2010</div>  This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning <b>10/01/2010</b> and ending <b>09/30/2011</b>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FUND</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN)	
<b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FUND</b>	<b>04-6372430</b>	

<b>Part I Asset and Liability Statement</b>			
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>	<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year	
<b>a</b> Total noninterest-bearing cash	<b>1a</b> 26982342	44488836	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions	<b>1b(1)</b> 43457494	247947130	
<b>(2)</b> Participant contributions	<b>1b(2)</b>		
<b>(3)</b> Other <b>SEE STATEMENT 2</b>	<b>1b(3)</b> 27318606	29518707	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (incl. money market accounts & certificates of deposit)	<b>1c(1)</b> 35355413	12696748	
<b>(2)</b> U.S. Government securities	<b>1c(2)</b> 145329178	182787342	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred	<b>1c(3)(A)</b>	3300605	
<b>(B)</b> All other	<b>1c(3)(B)</b> 48941271	6810270	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred	<b>1c(4)(A)</b> 794850		
<b>(B)</b> Common	<b>1c(4)(B)</b> 641778227	466725099	
<b>(5)</b> Partnership/joint venture interests	<b>1c(5)</b> 829184520	834739961	
<b>(6)</b> Real estate (other than employer real property)	<b>1c(6)</b> 225603039	251200000	
<b>(7)</b> Loans (other than to participants)	<b>1c(7)</b> 3147765	3107498	
<b>(8)</b> Participant loans	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts	<b>1c(9)</b> 619015366	601982341	
<b>(10)</b> Value of interest in pooled separate accounts	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds)	<b>1c(13)</b>	639596	
<b>(14)</b> Value of funds held in insurance co. general account (unallocated contracts)	<b>1c(14)</b>		
<b>(15)</b> Other	<b>1c(15)</b>		

		(a) Beginning of Year	(b) End of Year
<b>1 d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	4217516 4387445
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2651125587 2690331578
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	1607316 704247
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities <b>SEE STATEMENT 3</b> .....	<b>1j</b>	17404891 22539169
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	19012207 23243416
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2632113380 2667088162

**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
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	447931980
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	447931980
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	30589
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	2657704
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	434916
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	265730
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	22849585
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	26238524
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	12775254
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	12775254
(3)	Rents .....	<b>2b(3)</b>	7861635
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	1077107237
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	1035170179
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	41937058

	(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....	<b>2b(5)(A)</b> 27986709	
(B) Other .....	<b>2b(5)(B)</b> -23524145	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....	<b>2b(5)(C)</b>	4462564
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>	-22468101
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>	
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>	
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>	
<b>c</b> Other income ..... <b>SEE STATEMENT 4</b>	<b>2c</b>	214056
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>	518952970

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b> 461661277	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	
(3) Other .....	<b>2e(3)</b>	
(4) Total benefit payments. Add lines <b>2e(1)</b> through (3) .....	<b>2e(4)</b>	461661277
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>	
<b>h</b> Interest expense .....	<b>2h</b>	
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b> 1356394	
(2) Contract administrator fees .....	<b>2i(2)</b>	
(3) Investment advisory and management fees .....	<b>2i(3)</b> 16212716	
(4) Other ..... <b>SEE STATEMENT 5</b>	<b>2i(4)</b> 4747801	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through (4) .....	<b>2i(5)</b>	22316911
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>	483978188

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>	34974782
<b>l</b> Transfers of assets:		
(1) To this plan .....	<b>2l(1)</b>	
(2) From this plan .....	<b>2l(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.

<b>a</b> The attached opinion of an independent qualified public accountant for this plan is (see instructions):	
(1) <input checked="" type="checkbox"/> Unqualified (2) <input type="checkbox"/> Qualified (3) <input type="checkbox"/> Disclaimer (4) <input type="checkbox"/> Adverse	
<b>b</b> Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> Enter the name and EIN of the accountant (or accounting firm) below:	
(1) Name: <b>DARCANGELO &amp; CO., LLP</b>	(2) EIN: <b>13-2550103</b>
<b>d</b> The opinion of an independent qualified public accountant is <b>not attached</b> because:	
(1) <input type="checkbox"/> This form is filed for a CCT, PSA, or MTIA. (2) <input type="checkbox"/> 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
<b>a</b> 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.) ...		<input checked="" type="checkbox"/>	
<b>4a</b>		<input checked="" type="checkbox"/>	
<b>b</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.)		<input checked="" type="checkbox"/>	
<b>4b</b>		<input checked="" type="checkbox"/>	
<b>c</b> 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.)		<input checked="" type="checkbox"/>	
<b>4c</b>		<input checked="" type="checkbox"/>	
<b>d</b> 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.)		<input checked="" type="checkbox"/>	
<b>4d</b>		<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		20000000
<b>4e</b>	<input checked="" type="checkbox"/>		
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
<b>4f</b>		<input checked="" type="checkbox"/>	
<b>g</b> 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?	<input checked="" type="checkbox"/>		3107498
<b>4g</b>	<input checked="" type="checkbox"/>		
<b>h</b> 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?		<input checked="" type="checkbox"/>	
<b>4h</b>		<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
<b>4i</b>	<input checked="" type="checkbox"/>		
<b>j</b> 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.)	<input checked="" type="checkbox"/>		
<b>4j</b>	<input checked="" type="checkbox"/>		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input checked="" type="checkbox"/>	
<b>4k</b>		<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
<b>4l</b>		<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<input checked="" type="checkbox"/>	
<b>4m</b>		<input checked="" type="checkbox"/>	
<b>n</b> 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		<input checked="" type="checkbox"/>	
<b>4n</b>		<input checked="" type="checkbox"/>	

- 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)



**SCHEDULE MB  
(Form 5500)**Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2010****This Form is Open to Public  
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **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 PENSION	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES NEW ENGLAND TEAMSTERS & TRUCKING	<b>D</b> Employer Identification Number (EIN) 04-6372430

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 10 Day 1 Year 2010**b** Assets

(1) Current value of assets .....	<b>1b(1)</b>	2,610,169,800
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	3,132,203,700
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	6,280,796,100
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	6,280,796,100
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	10,944,925,700
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	301,238,100
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	466,768,100
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	466,768,100

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<i>PR Hardcastle</i> Signature of actuary	<i>3/13/12</i> Date
PETER R. HARDCASTLE Type or print name of actuary		11-05197 Most recent enrollment number
CHEIRON, INC. 1750 TYSONS BLVD SUITE 1100 MCLEAN Firm name		(703) 893-1456 Telephone number (including area code)
VA 22102-4230 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 Form 5500-SF.

Schedule MB (Form 5500) 2010  
v.092308.1

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

<b>a</b> Current value of the assets (see instructions) .....	<b>2a</b>	2,610,169,800
<b>b</b> "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment .....	31,594	5,136,219,300
(2) For terminated vested participants .....	20,337	1,950,354,700
(3) For active participants:		
(a) Non-vested benefits .....		68,220,000
(b) Vested benefits .....		3,790,131,700
(c) Total active .....	22,581	3,858,351,700
(4) Total .....	74,512	10,944,925,700
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	23.85 %

**3** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	247,615,700				
<b>Totals ▶</b>			<b>3(b)</b>	247,615,700	<b>3(c)</b> 0

**4** Information on plan status:

<b>a</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5 .....	<b>4a</b>	C
<b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4b</b>	49.8 %
<b>c</b> Is the plan making the scheduled progress with any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date .....	<b>4e</b>	0

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- 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** ☐ Shortfall  
**i** ☐ Reorganization     
 **j** ☐ Other (specify):

<b>k</b> If box h is checked, enter period of use of shortfall method .....	<b>5k</b>	
<b>l</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>m</b> If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>n</b> If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5n</b>	

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability .....	<b>6a</b>	4.49 %
<b>b</b> Rates specified in insurance or annuity contracts .....		
	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
(1) Males .....	<b>6c(1)</b>	7
(2) Females .....	<b>6c(2)</b>	7F
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	8.50 %
<b>e</b> Expense loading .....	<b>6e</b>	5.3 %
<b>f</b> Salary scale .....	<b>6f</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	5.5 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	7.0 %

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	13,196,200	1,464,600

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....

**8a**

**b** Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.

☒ Yes ☐ No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....

☐ Yes ☒ No

**d** If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....

☐ Yes ☐ No

(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended.....

**8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....

☐ Yes ☐ No

(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....

**8d(4)**

(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension.....

**8d(5)**

(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....

☐ Yes ☐ No

**e** If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) .....

**8e****9** Funding standard account statement for this plan year:**Charges to funding standard account:**

**a** Prior year funding deficiency, if any.....

**9a**

338,927,400

**b** Employer's normal cost for plan year as of valuation date .....

**9b**

133,633,100

**c** Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....

**9c(1)**

3,698,512,200

501,818,700

(2) Funding waivers .....

**9c(2)**

(3) Certain bases for which the amortization period has been extended .....

**9c(3)**

**d** Interest as applicable on lines 9a, 9b, and 9c .....

**9d**

82,822,200

**e** Total charges. Add lines 9a through 9d.....

**9e**

1,057,201,400

**Credits to funding standard account:**

**f** Prior year credit balance, if any .....

**9f**

0

**g** Employer contributions. Total from column (b) of line 3 .....

**9g**

247,615,700

**h** Amortization credits as of valuation date.....

**9h**

888,847,200

160,551,900

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

**9i**

23,956,000

**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL) .....

**9j(1)**

4,127,621,400

(2) "RPA '94" override (90% current liability FFL) .....

**9j(2)**

7,241,971,100

(3) FFL credit.....

**9j(3)**

0

**k** (1) Waived funding deficiency.....

**9k(1)**

0

(2) Other credits .....

**9k(2)**

0

**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....

**9l**

432,123,600

**m** Credit balance: If line 9l is greater than line 9e, enter the difference.....

**9m**

**n** Funding deficiency: If line 9e is greater than 9l, enter the difference .....

**9n**

625,077,800

**9 o** Current year's accumulated reconciliation account:

<b>(1)</b> Due to waived funding deficiency accumulated prior to the 2010 plan year.....	<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date.....	<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date.....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) .....	<b>10</b>	(625,077,800)
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 4a – Illustration Supporting Actuarial Certification of Status**

Support for the Plan's Critical status can be found in the attached PPA certification.



**FOR PLAN YEAR COMMENCING OCTOBER 1, 2010**

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF  
THE INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE  
RETIREMENT INCOME SECURITY ACT OF 1974)**

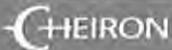
**for the**

**NEW ENGLAND TEAMSTERS AND TRUCKING INDUSTRY  
PENSION FUND**

**EIN: 04-6372430  
PN: 001  
Tel: (781) 345-4400**

**December 29, 2010**





Classic Values, Innovative Advice

Board of Trustees  
New England Teamsters and Trucking Industry Pension Fund  
c/o Mr. Edward Groden  
1 Wall Street, 4<sup>th</sup> Floor  
Burlington, MA 01803-4757

December 29, 2010  
EIN: 04-6372430  
PN: 001  
Phone: (781) 345-4400

Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and  
Employee Retirement Income Security Act of 1974 §305(b)

Dear Board of Trustees:

#### **CERTIFICATION**

As required by Section 432(b)(3) of the Internal Revenue Code ("Code") and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 ("ERISA"), we certify for the plan year beginning October 1, 2010, that the Plan is classified as being in **CRITICAL** status as this terms are defined in Section 432(b)(2) of the Code and Section 305(b)(2) of ERISA.

We hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with the requirements of Section 432 of the Internal Revenue Code, Section 305 of ERISA and generally recognized and accepted actuarial principles and practices which are consistent with the applicable Guides to Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board.

This report only certifies the condition of the Plan under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. In preparing this report, we have relied without audit, on information supplied by Fund Office staff and by the Fund's investment consultant, Investment Performance Services, Inc. This information includes, but is not limited to, Plan provisions, employee data, financial information, and expectations of future industry activity.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Sincerely,

Peter Hardcastle, FIA FSA EA (08-5197)

Gene Kalwarski, FSA EA (08-2845)

cc: Secretary of the Treasury

Attachments: Appendix I: Tests for status  
Appendix II: Assumptions (extract from most recent valuation)



**APPENDIX I**  
**TESTS of PLAN STATUS**

The Pension Protection Act of 2006 ("PPA") added special rules and requirements for plans that are certified to be Endangered, Seriously Endangered, or Critical.

**Critical Status** – The plan will be certified as critical if it meets the conditions of any one of the five following tests; **Condition Met?**

- |   |   |               |
|---|---|---------------|
| 1 | The Plan has a funded ratio of less than 65%, and the value of Plan assets plus projected contributions is less than the value of projected Plan benefits and expenses to be paid for the current and six succeeding plan years.  | Not<br>Tested |
| 2 | The Plan has a funded ratio of less than 65% and is projected to have an accumulated funding deficiency for the current year or in any of the four succeeding plan years.   | Not<br>Tested |
| 3 | The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the three succeeding plan years. <b>The Plan has a funding deficiency at 10/1/2010 of \$ 339,043,500, which is projected to be \$ 657,960,900 at 10/1/2011.</b>  | YES           |
| 4 | Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of the vested benefits of inactive employees exceeds the present value of vested benefits of active employees, and the Plan is projected to have an accumulated funded deficiency for the current plan year or in any of the four succeeding plan years. | Not<br>Tested |
| 5 | The value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years.  | Not<br>Tested |

**Endangered Status** – The Plan will be certified as endangered if it is not in critical status and it meets the conditions of either test 6 or test 7 below;

- |   |   |               |
|---|---|---------------|
| 6 | The ratio of assets to liabilities is less than 80% on the first day of the plan year.  | Not<br>Tested |
| 7 | The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years. | Not<br>Tested |

**Seriously Endangered Status** – The Plan will be certified as seriously endangered if it is not in critical status and meets the conditions of both test 6 and test 7 above.

**The Plan is certified to be in CRITICAL status for 2010 because it meets the conditions of test 3.**



Attachments to 2010 Schedule MB (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001

**Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan**

The Plan's Rehabilitation Period began on October 1, 2011.



**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**

**Schedule MB, line 6 – Summary of Plan Provisions**

The following summary relates to the benefits the Plan provides for contracts that follow the Preferred Schedule of the Rehabilitation Plan.

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

**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. Effective March 4, 2008 and incorporated in the Preferred Schedule of the Rehabilitation Plan, renewing contracts must provide for five 10% per annum increases to maintain the Table A accruals. The Rehabilitation Plan contemplates 8% per annum increases after the first five years.

If a contract does not adopt the Preferred Schedule, the Default Schedule is imposed. This cuts future accruals to 40% of the Table A rates and imposes five 12% per annum contribution increases followed by 11% per annum increases after the first five years.

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 2010 Schedule MB (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001  
Schedule MB, 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 2010 Schedule MB (Form 5500)  
New England Teamsters and Trucking Industry Pension Fund  
EIN: 04-6372430, Plan 001  
Schedule MB, line 6 – Summary of Plan Provisions

**Amount of Benefit**

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

**7. Social Security Supplement**

Participants retiring from service after the age of 60 on a Special Service Pension or on a 30 Year Full Service Pension receive the lesser of their anticipated Social Security Pension or \$1,000 per month until the end of the month in which they attain the age of 62. The supplement is not provided however if the participant's benefit is accrual is at the 50% level under a non-compliant collective bargaining agreement.

**8. 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.

**9. 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.

**(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.

**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.

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 6 – Summary of Plan Provisions**

**(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.

contributions were made for at least 750 hours of Covered Employment.

**12. Vesting Service**

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

**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%.

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

**13. Plan Changes not reflected in prior valuations, Potential for Change due to Adoption of Rehabilitation Plan Default Schedule**

None.

The Plan was modified by a Rehabilitation Plan adopted on January 15, 2009. The Rehabilitation Plan contained two schedules: a preferred schedule which required no benefit cuts and a default schedule which required reductions in accruals and the removal of certain early retirement subsidies. The Rehabilitation Plan also removed the option of early retirement for term vested. As no contracts had adopted the default schedule at the date of valuation, there have been no changes for active participants. As the retirement assumption for terminated vested participants is for all to wait until 64 to retire, there have been no changes for these participants. The assumptions at prior valuations made no allowance for lump sum distributions, a payment form which ceased upon the Plan's classification as in critical status.

Accordingly, no changes in Plan provisions have had an effect on the valuation.

**10. 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.

**11. Participation**

The earliest January 1 or July 1 after completion of a period of 12 consecutive months during which



Attachments to 2010 Schedule MB (Form 5500)  
 New England Teamsters and Trucking Industry Pension Fund  
 EIN: 04-6372430, Plan 001  
 Schedule MB, 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 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 6 – Summary of Plan Provisions**

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

Approved Hourly Contribution Rate 7/31/2005	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate 7/31/2005	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate 7/31/2005	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit	Approved Hourly Contribution Rate 7/31/2005	Monthly Contributory Pension at Age 64 for Each Year of Pension Credit
\$ 0.15	\$ 6.00	\$ 2.01	\$ 122.30	\$ 3.36	\$ 196.40	\$ 4.71	\$ 250.00
0.20	8.00	2.06	126.80	3.41	198.20	4.76	252.00
0.25	11.25	2.11	131.20	3.46	200.00	4.81	254.00
0.30	15.00	2.16	135.60	3.51	202.00	4.86	256.00
0.35	17.50	1.21	140.10	3.56	204.00	4.91	258.00
0.40	20.00	2.26	144.50	3.61	206.00	4.96	260.00
0.45	22.50	2.31	149.00	3.66	208.00	5.01	262.00
0.50	25.00	2.36	153.40	3.71	210.00	5.06	264.00
0.55	27.50	2.41	157.80	3.76	212.00	5.11	266.00
0.60	31.00	2.46	162.30	3.81	214.00	5.16	268.00
0.71	35.10	2.51	166.70	3.86	216.00	5.21	270.00
0.82	41.30	2.56	171.20	3.91	218.00	5.26	272.00
0.92	45.40	2.61	171.20	3.96	220.00	5.31	274.00
1.04	53.70	2.66	171.20	4.01	222.00	5.36	276.00
1.14	57.80	2.71	173.00	4.06	224.00	5.41	278.00
1.24	61.80	2.76	174.80	4.11	226.00	5.46	280.00
1.30	65.60	2.81	176.60	4.16	228.00	5.51	282.00
1.41	73.60	2.86	178.40	4.21	230.00	5.56	284.00
1.56	84.60	2.91	180.20	4.26	232.00	5.61	286.00
1.61	88.40	2.96	182.00	4.31	234.00	5.66	288.00
1.66	92.10	3.01	183.80	4.36	236.00	5.71	290.00
1.71	95.70	3.06	185.60	4.41	238.00	5.76	292.00
1.76	100.15	3.11	187.40	4.46	240.00	5.81	294.00
1.81	104.60	3.16	189.20	4.51	242.00	5.86	296.00
1.86	109.00	3.21	191.00	4.56	244.00	5.91	298.00
1.91	113.40	3.26	192.80	4.61	246.00	5.96	300.00
1.96	117.90	3.31	194.60	4.66	248.00		

Benefit accrual values were frozen at the level in effect on July 31, 2005.

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, 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 2009 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, 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
<b>60</b>	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
<b>61</b>	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
<b>62</b>	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
<b>63</b>	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
<b>64</b>	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 10% each year.  
If the participant did not meet the criteria above by July 31, 2005, then the participant must also attain age 57.

**Attachments to 2009 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, 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	41	42	43
59 and under	\$3,500	\$3,650	\$3,800	\$3,950	\$4,100	\$4,250	\$4,400	\$4,550	\$4,700	\$4,850	\$5,000	\$5,150	\$5,300	\$5,450
60	3,750	3,900	4,050	4,200	4,350	4,500	4,650	4,800	4,950	5,100	5,250	5,400	5,550	5,700
61	3,850	4,000	4,150	4,300	4,450	4,600	4,750	4,900	5,050	5,200	5,350	5,500	5,650	5,800
62	3,950	4,100	4,250	4,400	4,550	4,700	4,850	5,000	5,150	5,300	5,450	5,600	5,750	5,900
63	4,050	4,200	4,350	4,500	4,650	4,800	4,950	5,100	5,250	5,400	5,550	5,700	5,850	6,000
64	4,150	4,300	4,450	4,600	4,750	4,900	5,050	5,200	5,350	5,500	5,650	5,800	5,950	6,100
65 and over	4,250	4,400	4,550	4,700	4,850	5,000	5,150	5,300	5,450	5,600	5,750	5,900	6,050	6,200

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 10% each year.

If the participant did not meet the criteria above by July 31, 2005, then the participant must also attain age 57.

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

**A. Actuarial Assumptions**

**1. Mortality**

- (a) Healthy lives: 1983 Group Annuity Mortality Table per Revenue Ruling 95-28.
- (b) Disabled lives: Blended 50/50 PBGC mortality table for disabled lives receiving Social Security and those not receiving Social Security.
- (c) Current liability: RPA '94: IRS 2008+ Static Mortality Table

**2. Interest Rate**

- (a) For all calculations except current liability: 8.50%
- (b) For current liability: 4.49%

**3. Retirement Age**

Age	Probability of Retirement	Age	Probability of Retirement
55	5.0%	63	26.5%
56	5.0	64	28.6
57	10.0	65	39.5
58	5.0	66	44.5
59	5.5	67	48.5
60	11.5	68	54.5
61	19.5	69 +	100.0
62	24.5		

4. Turnover - Rates vary by age and service. Sample rates are shown below.

Age	Service				
	0	1	2	3	4
20	30%	25%	20%	15%	10%
25	30	25	20	15	10
30	30	25	20	15	10
35	30	25	20	15	10
40	30	25	20	15	10
45	30	25	20	15	10
50	30	25	20	15	10

5. Disability – Rates vary by age. Sample rates are shown below.

Age	Rate of Disability
20	0.01%
25	0.02
30	0.02
35	0.03
40	0.04
45	0.07
50	0.14
55	0.38

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

**6. 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 three years older than their wives.

**7. Active Participants**

(a) Unknown gender:

All participants with unknown gender are assumed to be male.

(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 average entry age for 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.

**8. Administrative Expenses**

\$6,750,000 was added to the normal cost for anticipated administrative expenses, assumed payable at the beginning of the year.

**9. Future Benefit Accrual**

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

**10. Changes in Actuarial Assumptions**

The current liability interest assumption was changed from 4.59% to 4.49%. The current liability mortality table was changed pursuant to regulation.



**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**

**Schedule MB, 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 five-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 four 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.

**2. Actuarial Cost Method**

The cost method for valuation of liabilities used for this valuation is the unit credit method. This is one of a family of valuation methods known as accrued benefits method. The chief characteristic of an accrued benefits method is that the funding pattern follows the pattern of benefit accrual. Under the unit credit actuarial cost method, the normal cost is determined as that portion of each Participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the portion of each Participant's benefit attributable to service earned prior to the valuation date.

The difference between the actuarial liability and the value of the assets as of the valuation date is the unfunded actuarial liability, or surplus, which is

amortized over future years. One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time. Given a stable population, however, this method can produce a steady contribution.

**3. Valuation Date:**                      October 1, 2010

**4. Active and Terminated Vested Participants**

- (a) Data Collection Date:              December 31, 2009
- (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 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 8 – Schedule of Active Participant Data**

**NUMBER OF ACTIVE PARTICIPANTS BY AGE AND YEARS OF TOTAL PENSION CREDIT**  
**AS OF OCTOBER 1, 2010**

Age	Service											Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up		
Under 25	0	187	7	0	0	0	0	0	0	0		194
25-29	0	358	238	12	0	0	0	0	0	0		608
30-34	0	2,723	1,376	209	4	0	0	0	0	0		4,312
35-39	0	272	1,468	770	255	13	0	0	0	0		2,778
40-44	0	277	657	1,065	665	334	10	0	0	0		3,008
45-49	0	296	628	656	715	887	321	9	0	0		3,512
50-54	0	216	563	512	482	976	690	286	12	3		3,740
55-59	0	133	369	320	310	512	501	451	129	10		2,735
60-64	0	84	185	176	166	200	216	182	137	40		1,386
65-69	0	22	51	41	22	38	31	22	16	21		264
70 & Up	0	6	13	3	3	4	4	3	4	4		44
Total	0	4,574	5,555	3,764	2,622	2,964	1,773	953	298	78		22,581



**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases**

**SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION**  
**AS OF OCTOBER 1, 2010**

<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>
1.	Initial Liability	10/1/1979	\$ 765,767,000	40	\$ 411,725,700	9	\$ 62,014,500
2.	Plan Amendment	10/1/1980	41,866,000	40	24,168,200	10	3,394,900
3.	Benefit Increase	10/1/1981	26,559,500	40	16,304,200	11	2,156,300
4.	Benefit Increase	10/1/1982	2,512,500	30	412,600	2	214,700
5.	Ben Incr / Plan Amend	10/1/1983	33,666,700	30	7,987,300	3	2,882,300
6.	Ben Incr / Plan Amend	10/1/1984	29,967,600	30	9,134,400	4	2,570,200
7.	Ben Incr / Plan Amend	10/1/1985	91,796,400	30	33,660,100	5	7,872,600
8.	Assumption Change	10/1/1986	53,429,100	30	22,639,300	6	4,582,300
9.	Ben Incr / Plan Amend	10/1/1986	49,345,000	30	20,908,100	6	4,231,900
10.	Ben Incr / Plan Amend	10/1/1987	229,618,300	30	109,364,900	7	19,692,700
11.	Ben Incr / Plan Amend	10/1/1988	58,337,600	30	30,611,800	8	5,003,100
12.	Ben Incr / Plan Amend	10/1/1989	128,282,500	30	73,042,600	9	11,001,700
13.	Ben Incr / Plan Amend	10/1/1990	18,300,400	30	11,173,200	10	1,569,500
14.	Ben Incr / Plan Amend	10/1/1991	397,588,500	30	257,826,500	11	34,098,000
15.	Ben Incr / Plan Amend	10/1/1992	31,195,300	30	21,320,600	12	2,675,400
16.	Ben Incr / Plan Amend	10/1/1993	29,942,200	30	21,427,800	13	2,567,800
17.	Ben Incr / Plan Amend	10/1/1994	18,221,900	30	14,353,600	14	1,651,600
18.	Ben Incr / Plan Amend	10/1/1995	93,787,400	30	75,909,100	15	8,424,900
19.	Actuarial Loss	10/1/1996	40,441,000	15	4,488,400	1	4,488,400
20.	Ben Incr / Plan Amend	10/1/1996	88,325,400	30	70,478,200	16	7,574,900
21.	Ben Incr / Plan Amend	10/1/1997	199,419,300	30	163,760,700	17	17,102,300
22.	Actuarial Loss	10/1/1998	9,154,200	15	2,815,600	3	1,016,100
23.	Ben Incr / Plan Amend	10/1/1998	125,655,700	30	105,879,700	18	10,776,300
24.	Actuarial Loss	10/1/1999	38,164,700	15	15,053,900	4	4,235,700
25.	Ben Incr / Plan Amend	10/1/1999	72,994,200	30	62,947,800	19	6,260,100
26.	Ben Incr / Plan Amend	10/1/2000	111,070,100	30	97,804,600	20	9,525,400
27.	Actuarial Loss	10/1/2001	140,251,700	15	76,906,300	6	15,566,100
28.	Ben Incr / Plan Amend	10/1/2001	55,469,000	30	49,774,600	21	4,757,000
29.	Actuarial Loss	10/1/2002	531,593,000	15	327,659,900	7	58,999,700
30.	Ben Incr / Plan Amend	10/1/2003	38,546,900	30	35,735,200	23	3,305,800
31.	Ben Incr / Plan Amend	10/1/2004	11,070,700	30	10,408,700	24	949,400

**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases**

**SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION**  
**AS OF OCTOBER 1, 2010 (Continued)**

<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>
<b>CHARGES</b>						
32. Actuarial Loss	10/1/2004	363,177,600	15	267,611,200	9	40,307,900
33. Actuarial Loss	10/1/2005	258,571,000	15	204,302,400	10	28,697,900
34. Ben Incr / Plan Amend	10/1/2005	12,823,000	30	12,211,500	25	1,099,700
35. Actuarial Loss	10/1/2006	102,158,900	15	85,732,600	11	11,338,300
36. Assumption Change	10/1/2007	372,971,200	30	363,176,000	27	31,986,400
37. Actuarial Loss	10/1/2008	128,499,700	15	119,009,900	13	14,261,800
38. Actuarial Loss	10/1/2009	464,024,700	15	447,588,800	14	51,500,500
39. Actuarial Loss	10/1/2010	13,196,200	15	13,196,200	15	1,464,600
<b>TOTAL CHARGES</b>				<b>\$ 3,698,512,200</b>		<b>\$ 501,818,700</b>
<b>CREDITS</b>						
1. Assumption Change	10/1/1984	\$ 119,005,600	30	\$ 36,273,300	4	\$ 10,206,300
2. Assumption Change	10/1/1990	9,402,800	30	5,740,800	10	806,400
3. Assumption Change	10/1/1991	173,309,600	30	112,387,800	11	14,863,500
4. Actuarial Gain	10/1/1997	74,750,800	15	15,942,800	2	8,296,400
5. Actuarial Gain	10/1/2000	34,017,800	15	16,142,700	5	3,775,500
6. Plan Amendment	10/1/2002	21,921,000	30	20,009,500	22	1,880,000
7. Actuarial Gain	10/1/2003	22,895,800	15	15,548,100	8	2,541,200
8. Actuarial Gain	10/1/2007	39,036,100	15	34,525,500	12	4,332,500
9. Method Change	10/1/2007	810,506,500	10	632,276,700	7	113,850,100
<b>TOTAL CREDITS</b>				<b>\$ 888,847,200</b>		<b>\$ 160,551,900</b>
<b>TOTAL CHARGES</b>				<b>\$ 3,698,512,200</b>		<b>\$ 501,818,700</b>
<b>NET CHARGE</b>				<b>\$ 2,809,665,000</b>		<b>\$ 341,266,800</b>



**Attachments to 2010 Schedule MB (Form 5500)**  
**New England Teamsters and Trucking Industry Pension Fund**  
**EIN: 04-6372430, Plan 001**  
**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions**

In accordance with IRS regulations, the current liability interest assumption was changed from 4.59% to 4.49 %. The current liability mortality table was also changed pursuant to regulation.



<b>SCHEDULE R (Form 5500)</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

<b>A</b> Name of plan <b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION FUN</b>	<b>B</b> Three-digit plan number (PN) ► <b>001</b>
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NEW ENGLAND TEAMSTERS &amp; TRUCKING INDUSTRY PENSION F</b>	<b>D</b> Employer Identification Number (EIN) <b>04-6372430</b>
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**Part I Distributions**

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** **0**

**2** 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):  
 EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** **0**

**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(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A

**If the plan is a defined benefit plan, go to line 8.**

**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. **Date:** Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</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 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

**8** 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**

**9** 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 ☐ Increase ☐ Decrease ☐ Both ☒ No

**Part IV ESOPs** (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No

**11 a** Does the ESOP hold any preferred stock? ☐ Yes ☐ No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

<b>a</b>	Name of contributing employer	UNITED PARCEL SERVICES		
<b>b</b>	EIN	36-2407381	<b>c</b>	Dollar amount contributed by employer
				122602169.
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month	07	Day	31
	Year	2013		
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input checked="" type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)	7.86		
	(2) Base unit measure:	<input checked="" type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

<b>a</b>	Name of contributing employer			
<b>b</b>	EIN		<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month		Day	
	Year			
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)			
	(2) Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

<b>a</b>	Name of contributing employer			
<b>b</b>	EIN		<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month		Day	
	Year			
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)			
	(2) Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

<b>a</b>	Name of contributing employer			
<b>b</b>	EIN		<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month		Day	
	Year			
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)			
	(2) Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

<b>a</b>	Name of contributing employer			
<b>b</b>	EIN		<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month		Day	
	Year			
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)			
	(2) Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

<b>a</b>	Name of contributing employer			
<b>b</b>	EIN		<b>c</b>	Dollar amount contributed by employer
<b>d</b>	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.)			
	Month		Day	
	Year			
<b>e</b>	Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)			
	(1) Contribution rate (in dollars and cents)			
	(2) Base unit measure:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

<b>a</b> The current year .....	<b>14a</b>	11740
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	11207
<b>c</b> The second preceding plan year .....	<b>14c</b>	11183

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	104.76
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	100.21

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	20
<b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	177554847

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 17.4 % Investment-Grade Debt: 7.2 % High-Yield Debt: \_\_\_\_\_ % Real Estate: 9.3 % Other: 66.1 %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT	1
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NAME	SERVICE CODES
STATE STREET GLOBAL ADVISORS	28
STATE STREET GLOBAL ADVISORS	51
STATE STREET GLOBAL ADVISORS	68
STATE STREET GLOBAL ADVISORS	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	2
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INCOME RECEIVABLE	1615825.	1649396.
RECEIVABLE FOR SECURITY SOLD	21742914.	16410357.
FOREIGN EXCHANGE RECEIVABLE	3959867.	11458954.
TOTAL TO SCHEDULE H, LINE 1B(3)	27318606.	29518707.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
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DESCRIPTION	BEGINNING	ENDING
PAYABLE FOR SECURITY PURCHASED	13443911.	11071991.
FOREIGN EXHACANGE PAYABLE	3960980.	11467178.
TOTAL TO SCHEDULE H, LINE 1J	17404891.	22539169.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
OTHER INCOME	214056.
TOTAL TO SCHEDULE H, LINE 2C	214056.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
ADMINISTRATIVE EXPENSES	4747801.
TOTAL TO SCHEDULE H, LINE 2I(4)	4747801.