

Form 5500

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089

2007

This Form is Open to Public Inspection.

Part I Annual Report Identification Information

For the calendar plan year 2007 or fiscal plan year beginning and ending 09/30/2008

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

Part II Basic Plan Information - enter all requested information.

1a Name of plan: NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION
1b Three-digit plan number (PN): 001
1c Effective date of plan (mo., day, yr.): 04/11/1958
2a Plan sponsor's name and address (employer, if for a single-employer plan): TRUSTEES NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUND, 1 WALL STREET, 4TH FLOOR, BURLINGTON MA 01803-4768
2b Employer Identification Number (EIN): 04-6372430
2c Sponsor's telephone number: 781-345-4400
2d Business code (see instructions): 484120

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

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

SIGN HERE [Signature] 7/13/2009 CHARLES LANGONE
Signature of plan administrator Date Type or print name of individual signing as plan administrator
SIGN HERE [Signature] 7/13/2009 TRUSTEES NEW ENGLAND TEAMSTERS &
Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Form 5500 (2007)



0 2 0 7 4 0 0 1 0 E



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address

DARCANGELO & CO., LLP
120 LOMOND COURT

UTICA NY 13502

b EIN

13-2550103

c Telephone number

315-735-5216

6 Total number of participants at the beginning of the plan year 6 76085

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants 7a 25564

b Retired or separated participants receiving benefits 7b 24626

c Other retired or separated participants entitled to future benefits 7c 18788

d Subtotal. Add lines 7a, 7b, and 7c 7d 68978

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 7e 6275

f Total. Add lines 7d and 7e 7f 75253

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 7g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 7h

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 7i 751

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

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

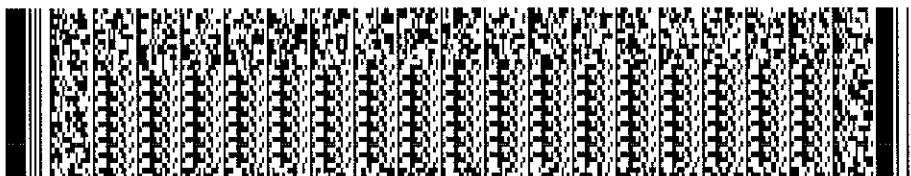
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(i) insurance contracts
- (3) Trust
- (4) General assets of the sponsor



0 2 0 7 4 0 0 2 0 F



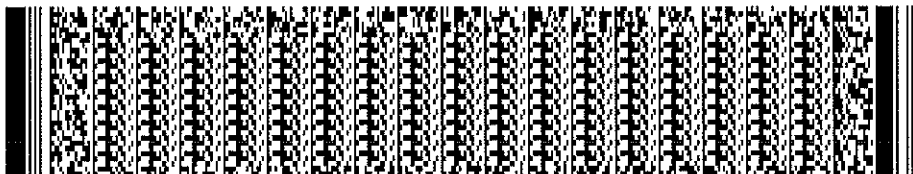
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

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

b Financial Schedules

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



0 2 0 7 4 0 0 3 0 G



**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

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

▶ Attach to Form 5500 or 5500-EZ if applicable.

▶ See separate instructions.

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning 10/01/2007 and ending 09/30/2008

▶ 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.

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

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

1a Enter the actuarial valuation date: Month 10 Day 01 Year 2007

b Assets:

(1) Current value of assets	b(1)	3679443700
(2) Actuarial value of assets for funding standard account	b(2)	3485004400
c (1) Accrued liability for plans using immediate gain methods	c(1)	5655088200
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	c(2)(a)	
(b) Accrued liability under entry age normal method	c(2)(b)	
(c) Normal cost under entry age normal method	c(2)(c)	

Statement by Enrolled Actuary (see instructions before signing):

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



P R Hardcastle

Signature of actuary

PETER R. HARDCASTLE

Type or print name of actuary

CHEIRON, INC

Firm name

8200 GREENSBORO DR, SUITE 1125

MCLEAN

VA

22102-3863

Address of the firm

4/24/09

Date

G 08-05197

Most recent enrollment number

703-893-1456

Telephone number (including area code)

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

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

v10.1

Schedule B (Form 5500) 2007



1d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . .	d(1)	0
(2) "RPA '94" information:		
(a) Current liability	d(2)(a)	8013416300
(b) Expected increase in current liability due to benefits accruing during the plan year	d(2)(b)	233881900
(c) Current liability computed at highest allowable interest rate (see instructions)	d(2)(c)	
(d) Expected release from "RPA '94" current liability for the plan year	d(2)(d)	
(3) Expected plan disbursements for the plan year	d(3)	420591000

2 Operational information as of beginning of this plan year:

a Current value of the assets (see instructions)	2a		3679443700
b "RPA '94" current liability:	(1) No. of Persons	(2) Vested Benefits	(3) Total Benefits
(1) For retired participants and beneficiaries receiving payments	30654	4148389500	4148389500
(2) For terminated vested participants	19491	1087891700	1087891700
(3) For active participants	25940	2662667800	2777135100
(4) Total	76085	7898949000	8013416300
c If the percentage resulting from dividing line 2a by line 2b(4), column (3), is less than 70%, enter such percentage.	2c		45.92 %

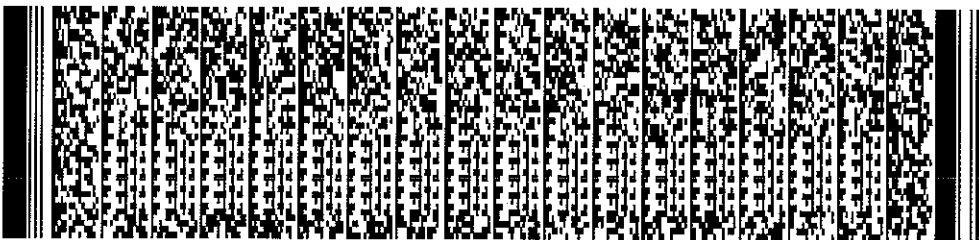
3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees	(a) Month-Day-Year	(b) Amount paid by employer	(c) Amount paid by employees
	232377700				
3 Totals ▶			(b)	232377700	(c) 0

4 Quarterly contributions and liquidity shortfall(s):

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

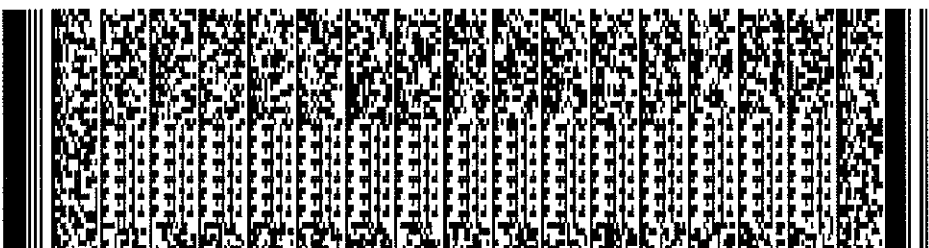
Liquidity shortfall as of end of Quarter of this plan year							
(1)	1st	(2)	2nd	(3)	3rd	(4)	4th



- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions ▶ _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a	Prior year funding deficiency, if any	9a	0
b	Employer's normal cost for plan year as of valuation date	9b	140066200
c	Amortization charges as of valuation date:	Outstanding Balance	
(1)	All bases except funding waivers	▶ (\$ 3666005700)	c(1) 443935100
(2)	Funding waivers	▶ (\$ 0)	c(2) 0
d	Interest as applicable on lines 9a, 9b, and 9c	9d	49640100
e	Additional interest charge due to late quarterly contributions, if applicable	9e	
f	Adjusted additional funding charge from Part II, line 12q, if applicable	9f	<input checked="" type="checkbox"/> N/A
g	Total charges. Add lines 9a through 9f	9g	633641400
Credits to funding standard account:			
h	Prior year credit balance, if any	9h	227145100
i	Employer contributions. Total from column (b) of line 3.	9i	232377700
j	Amortization credits as of valuation date	▶ (\$ 1268776800)	9j 209263300
k	Interest as applicable to end of plan year on lines 9h, 9i, and 9j	9k	46769400
l	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL)	l(1) 2758898600	
(2)	"RPA '94" override (90% current liability FFL)	l(2) 4133367300	
(3)	FFL credit	l(3)	0
m	(1) Waived funding deficiency	m(1)	0
	(2) Other credits	m(2)	0
n	Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2)	9n	715555500
o	Credit balance: If line 9n is greater than line 9g, enter the difference	9o	81914100
p	Funding deficiency: If line 9g is greater than line 9n, enter the difference	9p	0
Reconciliation account:			
q	Current year's accumulated reconciliation account:		
(1)	Due to additional funding charges as of the beginning of the plan year	q(1)	0
(2)	Due to additional interest charges as of the beginning of the plan year	q(2)	0
(3)	Due to waived funding deficiencies:		
(a)	Reconciliation outstanding balance as of valuation date	q(3)(a)	0
(b)	Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a)	q(3)(b)	0
(4)	Total as of valuation date	▶ q(4)	0
10	Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable	10	0

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



Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

1. Regular Pension

Eligibility

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

Amount of Benefit

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

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

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

2. Statutory Pension

Eligibility

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

Amount of Benefit

Accrued Regular Pension.

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

3. Early Retirement

Eligibility

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

Amount of Benefit

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

4. 30-Year Full Service Pension

Eligibility

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

Amount of Benefit

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

5. Special Service Pension

Eligibility

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

Amount of Benefit

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

6. Part-Time Special Service Pension

Eligibility

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

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

Amount of Benefit

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

7. Disability Pension

Eligibility

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

Amount of Benefit

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

8. Pre-Retirement Death Benefits

(a) LUMP SUM BENEFIT

Eligibility

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

Amount of Benefit

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

(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.

(c) UNMARRIED PARTICIPANTS

Eligibility

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

Amount of Benefit

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



Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

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

9. Post-Retirement Husband and Wife Death Benefit

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

10. Participation

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

11. Vesting Service

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

12. Plan Changes not reflected in prior valuations

None.

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

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

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

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

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

Approved Hourly Contribution Rate 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	248.00	5.96	300.00
1.96	117.90	3.31	194.60	4.66	250.00		

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



**Attachments to 2007 Schedule B (Form 5500)
 New England Teamsters and Trucking Industry Pension Fund
 EIN: 04-6372430, Plan 001
 Schedule B, line 6 – Summary of Plan Provisions**

TABLE B - Early Retirement Reduction Percentages

Age at Retirement	Early Retirement Pension	30 Year Full Service Pension	Early Statutory Pension	Early Disability Pension
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 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

TABLE C – Special Service Pensions: Schedule C

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

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

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

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

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

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Summary of Plan Provisions

TABLE C – Special Service Pensions; Schedule D

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

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

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

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

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

**Attachments to 2007 Schedule B (Form 5500)
 New England Teamsters and Trucking Industry Pension Fund
 EIN: 04-6372430, Plan 001
 Schedule B, line 6 – Statement of Actuarial Assumptions/Methods**

A. Actuarial Assumptions

1. Mortality

- (a) Healthy lives: 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: 2007 Current Liability Combined Mortality Table as provided by IRS regulation.

2. Interest Rate

- (a) For all calculations except current liability: 8.5%
- (b) For current liability: 5.88%

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:

Age	Service					
	0	1	2	3	4	5+
20	30%	25%	20%	15%	10%	16%
25	30	25	20	15	10	8
30	30	25	20	15	10	7
35	30	25	20	15	10	7
40	30	25	20	15	10	7
45	30	25	20	15	10	5
50	30	25	20	15	10	0

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

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

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

(b) Unknown past service:
 All active participants whose past service was unknown were assumed to have 16 months of past service.

(c) Unknown birth dates:
 Active participants with unknown age are assumed to have entered the Fund at age 28, the same entry age as employees with known age.

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

5. Percent Married

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

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

6. Active Participants

(a) Unknown gender:

All participants with unknown gender are assumed to be male.

7. Administrative Expenses

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

8. Future Benefit Accrual

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

9. Changes in Actuarial Assumptions

The assumption for mortality, retirement, turnover, and disability was modified to more accurately reflect the experience of the Plan in the last few years.

The current liability interest assumption was changed from 5.79% to 5.88%.

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6 – Statement of Actuarial Assumptions/Methods

B. Actuarial Methods

1. Valuation Assets

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

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, 2007

4. Active and Terminated Vested participants

(a) Data Collection Date: December 31, 2006

(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.

5. Changes

The actuarial cost method was changed from the Entry Age Normal cost method to the Unit Credit cost method as permitted under Revenue Procedure 2000-40.

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 6b – Description of Weighted Average Retirement Age

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

(A)	(B)	(C)	(D)
Age	Retirement Decrement Rate	Lives Retiring out of 100	Age multiplied by Retiring Lives
55	5.00%	5.00	275.00
56	5.00%	4.75	266.00
57	10.00%	9.03	514.43
58	5.00%	4.06	235.55
59	5.50%	4.24	250.40
60	11.50%	8.39	503.15
61	19.50%	12.58	767.63
62	24.50%	12.73	789.12
63	26.50%	10.39	654.81
64	28.60%	8.24	527.67
65	39.50%	8.13	528.48
66	44.50%	5.54	365.74
67	48.50%	3.35	224.59
68	54.50%	1.94	131.91
69	100.00%	1.62	111.75
Total		100.00	6146.22
Weighted Retirement Age = 6146.22 / 100.00 =			61.46

Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, lines 9c and 9j – Schedule of Funding Standard Account Bases

Type of Base	Date Established	Initial Amount	Initial Amortization	Outstanding Balance	Remaining Amortization	Amortization Amount
CHARGES						
1. Initial Liability	10/1/1979	\$ 765,767,000	40	\$ 494,192,700	12	\$ 62,014,500
2. Plan Amendment	10/1/1980	41,866,000	40	28,329,000	13	3,394,900
3. Benefit Increase	10/1/1981	26,559,500	40	18,739,900	14	2,156,300
4. Benefit Increase	10/1/1982	2,512,500	30	918,000	5	214,700
5. Ben Incr / Plan Amend	10/1/1983	33,666,700	30	14,240,600	6	2,882,300
6. Ben Incr / Plan Amend	10/1/1984	29,967,600	30	14,273,500	7	2,570,100
7. Ben Incr / Plan Amend	10/1/1985	91,796,400	30	48,168,600	8	7,872,600
8. Assumption Change	10/1/1986	53,429,100	30	30,422,600	9	4,582,300
9. Ben Incr / Plan Amend	10/1/1986	49,345,000	30	28,096,100	9	4,231,900
10. Ben Incr / Plan Amend	10/1/1987	229,618,300	30	140,193,300	10	19,692,700
11. Ben Incr / Plan Amend	10/1/1988	58,337,600	30	37,830,400	11	5,003,100
12. Ben Incr / Plan Amend	10/1/1989	128,282,500	30	87,672,800	12	11,001,800
13. Ben Incr / Plan Amend	10/1/1990	18,300,400	30	13,096,900	13	1,569,500
14. Ben Incr / Plan Amend	10/1/1991	397,588,500	30	296,343,800	14	34,098,000
15. Ben Incr / Plan Amend	10/1/1992	31,195,300	30	24,106,200	15	2,675,500
16. Ben Incr / Plan Amend	10/1/1993	29,942,200	30	23,891,700	16	2,567,800
17. Ben Incr / Plan Amend	10/1/1994	18,221,900	30	15,814,100	17	1,651,500
18. Actuarial Loss	10/1/1994	55,464,200	15	13,252,700	2	6,896,500
19. Ben Incr / Plan Amend	10/1/1995	93,787,400	30	82,776,200	18	8,424,900
20. Actuarial Loss	10/1/1995	20,208,800	15	6,780,600	3	2,446,900
21. Actuarial Loss	10/1/1996	40,441,000	15	15,952,000	4	4,488,400
22. Ben Incr / Plan Amend	10/1/1996	88,325,400	30	76,168,700	19	7,574,800
23. Ben Incr / Plan Amend	10/1/1997	199,419,300	30	175,602,200	20	17,102,400
24. Actuarial Loss	10/1/1998	9,154,200	15	5,020,000	6	1,016,100
25. Ben Incr / Plan Amend	10/1/1998	125,655,700	30	112,756,800	21	10,776,400
26. Actuarial Loss	10/1/1999	38,164,700	15	23,523,600	7	4,235,700
27. Ben Incr / Plan Amend	10/1/1999	72,994,200	30	66,629,500	22	6,260,000
28. Ben Incr / Plan Amend	10/1/2000	111,070,100	30	102,968,100	23	9,525,400
29. Actuarial Loss	10/1/2001	140,251,700	15	103,346,000	9	15,566,100
30. Ben Incr / Plan Amend	10/1/2001	55,469,000	30	52,151,300	24	4,757,100
31. Actuarial Loss	10/1/2002	531,593,000	15	420,022,500	10	58,999,700



Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, lines 9c and 9j – Schedule of Funding Standard Account Bases

Type of Base	Date Established	Initial Amount	Initial Amortization	Outstanding Balance	Remaining Amortization	Amortization Amount
CHARGES						
32. Ben Incr / Plan Amend	10/1/2003	38,546,900	30	37,138,200	26	3,305,800
33. Ben Incr / Plan Amend	10/1/2004	11,070,700	30	10,780,000	27	949,400
34. Actuarial Loss	10/1/2004	363,177,600	15	321,212,600	12	40,307,800
35. Actuarial Loss	10/1/2005	258,571,000	15	239,475,100	13	28,697,900
36. Ben Incr / Plan Amend	10/1/2005	12,823,000	30	12,607,800	28	1,099,700
37. Actuarial Loss	10/1/2006	102,158,900	15	98,540,400	14	11,338,300
38. Assumption Change	10/1/2007	372,971,200	30	372,971,200	30	31,986,300
TOTAL CHARGES				\$ 3,666,005,700		\$ 443,935,100

Type of Base	Date Established	Initial Amount	Initial Amortization	Outstanding Balance	Remaining Amortization	Amortization Amount
CREDITS						
1. Assumption Change	10/1/1984	119,005,600	30	56,681,300	7	10,206,300
2. Assumption Change	10/1/1990	9,402,800	30	6,729,200	13	806,400
3. Assumption Change	10/1/1991	173,309,600	30	129,177,600	14	14,863,500
4. Actuarial Gain	10/1/1993	35,616,800	15	3,952,900	1	3,952,900
5. Actuarial Gain	10/1/1997	74,750,800	15	35,471,800	5	8,296,300
6. Actuarial Gain	10/1/2000	34,017,800	15	23,100,700	8	3,775,500
7. Cost Method Change	10/1/2000	318,638,900	10	124,031,100	3	44,758,600
8. Plan Amendment	10/1/2002	21,921,000	30	20,875,200	25	1,880,000
9. Actuarial Gain	10/1/2003	22,895,800	15	19,214,400	11	2,541,100
10. Actuarial Gain	10/1/2007	39,036,100	15	39,036,100	15	4,332,500
11. Method Change	10/1/2007	810,506,500	10	810,506,500	10	113,850,200
TOTAL CREDITS				\$ 1,268,776,800		\$ 209,263,300

TOTAL CHARGES				\$ 3,666,005,700		\$ 443,935,100
NET CHARGE				\$ 2,397,228,900		\$ 234,671,800



**Attachments to 2007 Schedule B (Form 5500)
New England Teamsters and Trucking Industry Pension Fund
EIN: 04-6372430, Plan 001
Schedule B, line 11 – Justification for Change in Actuarial Assumptions**

In accordance with IRS regulations, the current liability interest assumption was changed from 5.79% to 5.88%.

The assumption for mortality, retirement, turnover, and disability was modified to more accurately reflect the experience of the Plan in the last few years.

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Service Provider Information

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

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

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

For calendar plan year 2007 or fiscal plan year beginning **10/01/2007** and ending **09/30/2008**

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

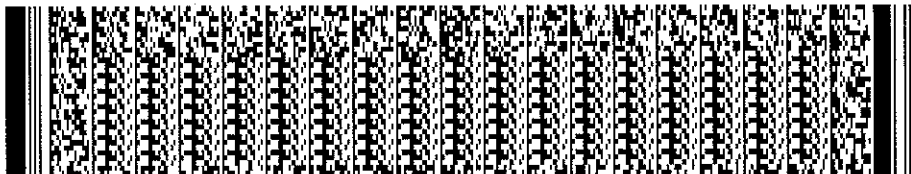
Part I Service Provider Information (see instructions)

1 Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1** **8508**

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

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
		Contract Administrator				
						12
EARNEST PARTNERS	58-2386669	INVESTMENT MANAGER				
						21
NONE	0				1576629	21

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule C (Form 5500) 2007



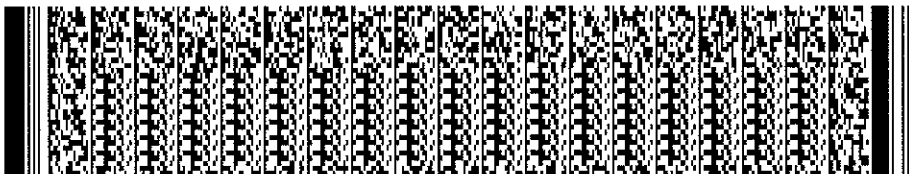
1 0 0 7 4 0 0 1 0 D



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
TREMONT REALTY	20-5240386	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	1087251	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ALINDA INFRASTRUCTURE FUND I	03-0601879	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	763796	21

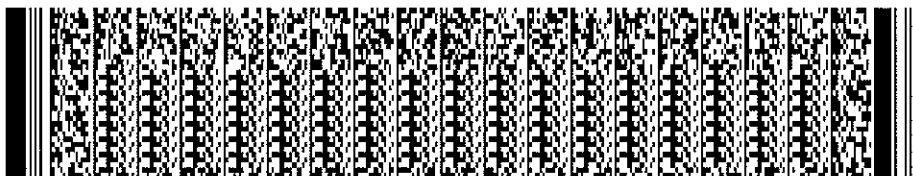
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BABSON CAPITAL MANAGEMENT	13-2944988	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	684846	21



1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WELLINGTON MANAGEMENT COMPANY	04-2683227	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	654108	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PRECO III	20-4053134	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	625000	21
(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
FEINBERG, CAMPBELL & ZACK	04-2738936	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	458120	22



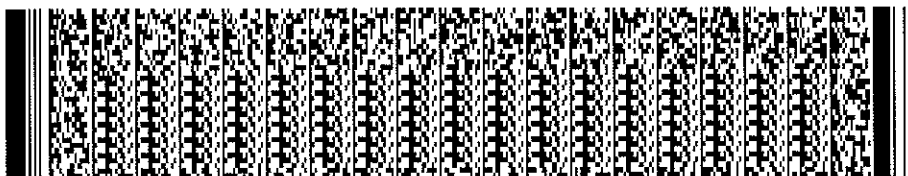
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
INTERCONTINENTAL US REAL ESTATE FUN	11-3786306	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	426164	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
CHEIRON, INC	13-4215617	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	415365	11

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LEVINE DEEP VALUE FUND	86-1129583	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	402542	21



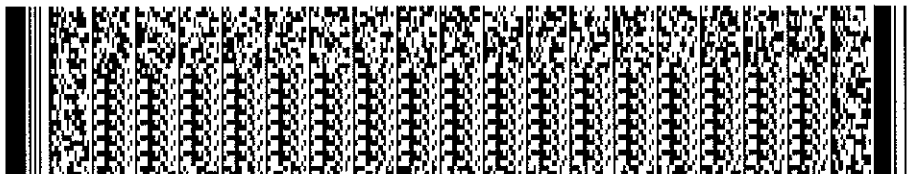
1 0 0 7 4 0 0 2 0 E



(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
AMERICAN REALTY		33-0123114	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	355921	21

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
IVY CLARUS		20-0848768	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	350461	21

(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
ROBECO INVESTMENT MANAGEMENT, INC.		98-0202744	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	281896	10



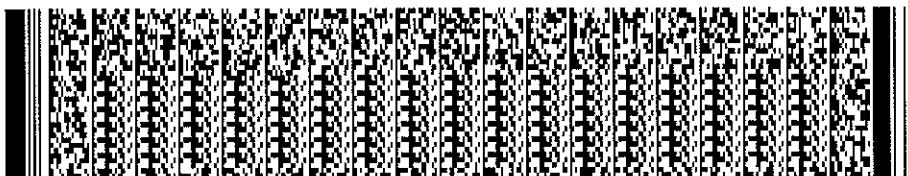
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
SIERRA INVESTMENT	68-0370668	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	280338	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
SOCIAL SECURITY ADMINISTRATION	52-6004813	CONSULTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	276350	17

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ALINDA INFRASTRUCTURE FUND II	26-2932089	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	265168	21



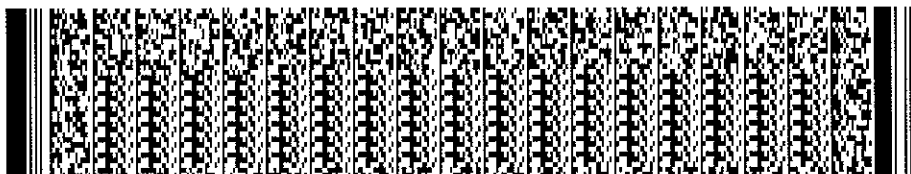
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MARQUETTE ASSOCIATES	36-3485298	INVESTMENT ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	253750	20

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ALLIANCE BERNSTEIN	13-4064930	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	245964	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STATE STREET GLOBAL ADVISORS	04-0025081	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	239752	21



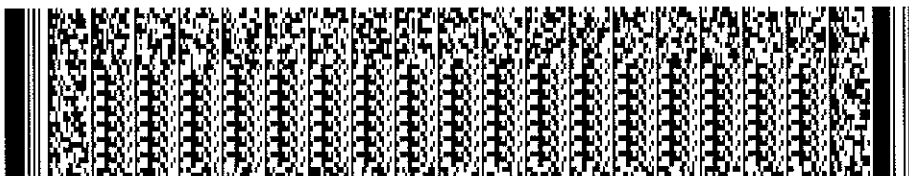
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
GOULSTON & STORRS	04-2738098	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	236010	22

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
PRECO II	86-1064052	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	227735	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
MORGAN, LEWIS & BOCKIUS	23-0891050	ATTORNEY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	222096	22



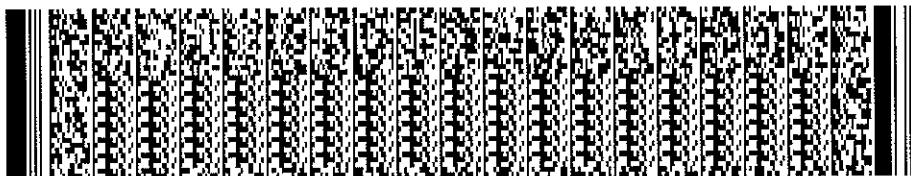
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LEVINE LEICHTMAN CAPITAL PRTRNS III	26-1936690	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	190465	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
LEVINE LEICHTMAN CAPITAL PRTRNS IV	03-0395290	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	182950	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
VICTORY CAPITAL MANAGEMENT	13-2700161	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	175249	21



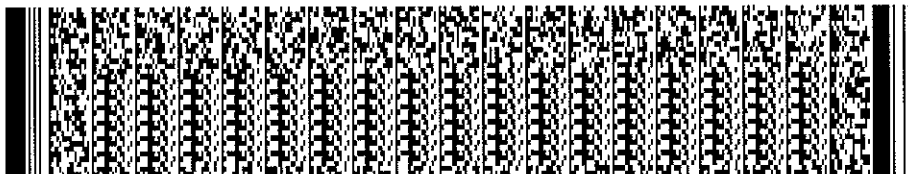
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
NEWSTONE CAPITAL	77-0661362	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	168777	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
STATE STREET BANK & TRUST	04-2723011	CUSTODIAN	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	145000	18

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ST CLOUD CAPITAL PARTNERS II, LP	20-4615136	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	123029	21



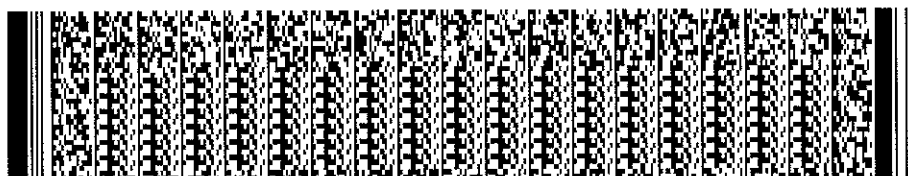
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
DARCANGELO & CO., LLP	13-2550103	ACCOUNTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	117118	10

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
WARREN BUSINESS GRAPHICS	04-2471984	PRINTING	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	92943	23

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
ENTRUST		APPLIED FOR INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	90044	21



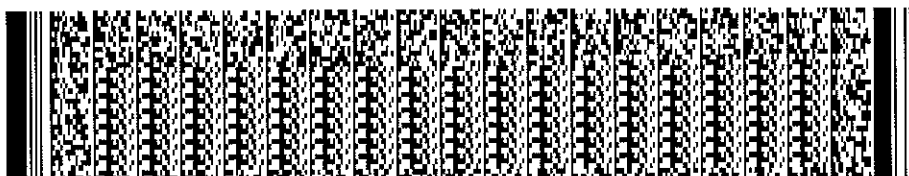
1 0 0 7 4 0 0 2 0 E



(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
BBH CAPITAL	98-0562008	INVESTMENT MANAGER	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	72219	21

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
FERNANDES AND COMPANY	03-	CONSULTANT	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	55763	17

(a) Name	(b) Employer identification number (see instructions)	(c) Official plan position	
HORIZON	26-1370698	ACTUARY	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE	0	50000	11



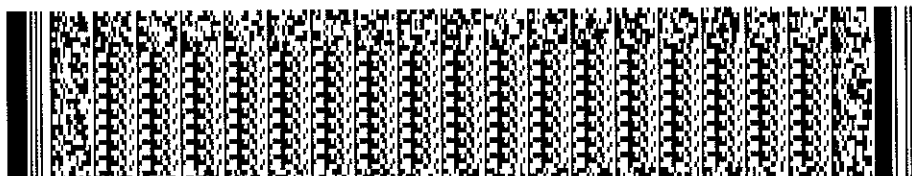
1 0 0 7 4 0 0 2 0 E



(a) Name		(b) Employer identification number (see instructions)	(c) Official plan position	
CORPORATE RISK ADVISORS		04-2532725	RISK ADVISOR	
(d) Relationship to employer, employee organization, or person known to be a party-in-interest		(e) Gross salary or allowances paid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)
NONE		0	24243	29

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

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



1 0 0 7 4 0 0 2 0 E



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

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____

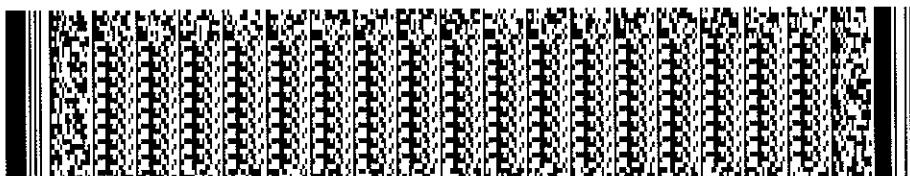
(a) Name _____ (b) EIN _____

(c) Position _____

(d) Address _____

(e) Telephone No. _____

Explanation: _____



1 0 0 7 4 0 0 3 0 F



**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to
Public Inspection.

For calendar plan year 2007 or fiscal plan year beginning 10/01/2007 and ending 09/30/2008

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

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

(a) Name of MTIA, CCT, PSA, or 103-12IE S&P 500 FLAGSHIP

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

(c) EIN-PN 04-0025081-002 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 110929857

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

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

(c) EIN-PN 04-0025081-240 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 230960830

(a) Name of MTIA, CCT, PSA, or 103-12IE MSCI EMERGING MARKETS INDEX SL CT

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

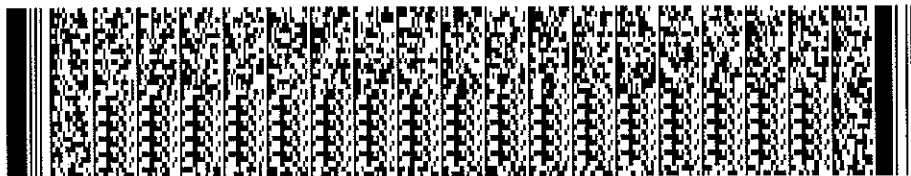
(c) EIN-PN 04-3407623-001 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 52055328

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

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

(c) EIN-PN 04-0025081-015 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 187311457

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule D (Form 5500) 2007



1 2 0 7 4 0 0 1 0 F



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

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

(c) EIN-PN 04-0025081-016 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 168337092

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

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

(c) EIN-PN 04-0025081-012 (d) Entity code C (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 66642180

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

(b) Name of sponsor of entity listed in (a) _____

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

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

(b) Name of sponsor of entity listed in (a) _____

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

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

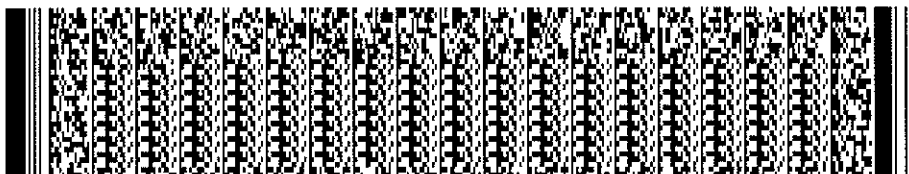
(b) Name of sponsor of entity listed in (a) _____

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

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

(b) Name of sponsor of entity listed in (a) _____

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



1 2 0 7 4 0 0 2 0 G



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

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

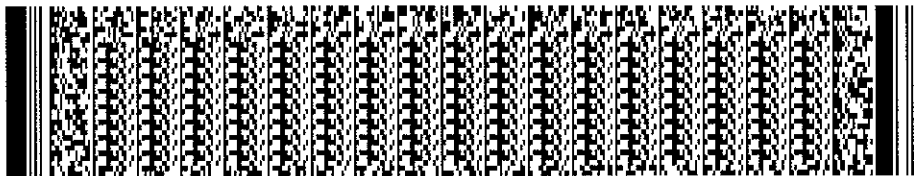
(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____

(a) Plan name _____

(b) Name of plan sponsor _____ (c) EIN-PN _____



1 2 0 7 4 0 0 3 0 H



**SCHEDULE H
(Form 5500)**

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

Pension Benefit Guaranty Corporation

Financial Information

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

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

2007

This Form is Open
to Public Inspection.

For calendar year 2007 or fiscal plan year beginning **10/01/2007** and ending **09/30/2008**

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

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	a	9281701	6966964
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	b(1)	20739119	19160247
(2) Participant contributions	b(2)		
(3) Other	b(3)	33701494	29589623
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit)	c(1)	99709064	125044058
(2) U.S. Government securities	c(2)	112403296	204209344
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	c(3)(A)		
(B) All other	c(3)(B)	418780718	314547504
(4) Corporate stocks (other than employer securities):			
(A) Preferred	c(4)(A)		
(B) Common	c(4)(B)	927300284	771390386
(5) Partnership/joint venture interests	c(5)	351494072	508450971
(6) Real estate (other than employer real property)	c(6)	218562053	225310900
(7) Loans (other than to participants)	c(7)	29600632	29335493
(8) Participant loans	c(8)		
(9) Value of interest in common/collective trusts	c(9)	1487235881	816236744
(10) Value of interest in pooled separate accounts	c(10)		
(11) Value of interest in master trust investment accounts	c(11)		
(12) Value of interest in 103-12 investment entities	c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	c(13)		
(14) Value of funds held in insurance co. general account (unallocated contracts)	c(14)		
(15) Other	c(15)	11629095	10733203

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule H (Form 5500) 2007



1 8 0 7 4 0 0 1 0 L

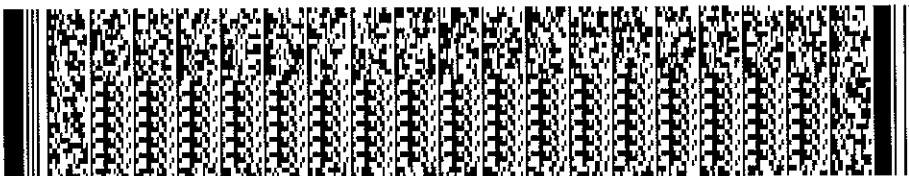


		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
	(1) Employer securities	d(1)	
	(2) Employer real property	d(2)	
e	Buildings and other property used in plan operation	e	
f	Total assets (add all amounts in lines 1a through 1e)	f	3720437409 3060975437
Liabilities			
g	Benefit claims payable	g	
h	Operating payables	h	1911731 1179875
i	Acquisition indebtedness	i	
j	Other liabilities	j	35620316 82719200
k	Total liabilities (add all amounts in lines 1g through 1j)	k	37532047 83899075
Net Assets			
l	Net assets (subtract line 1k from line 1f)	l	3682905362 2977076362

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
	(1) Received or receivable in cash from: (A) Employers	a(1)(A)	232076205
	(B) Participants	a(1)(B)	
	(C) Others (including rollovers)	a(1)(C)	
	(2) Noncash contributions	a(2)	
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	a(3)	232076205
b	Earnings on investments:		
	(1) Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	b(1)(A)	2679936
	(B) U.S. Government securities	b(1)(B)	6461007
	(C) Corporate debt instruments	b(1)(C)	12031880
	(D) Loans (other than to participants)	b(1)(D)	10906108
	(E) Participant loans	b(1)(E)	
	(F) Other	b(1)(F)	36031932
	(G) Total interest. Add lines 2b(1)(A) through (F)	b(1)(G)	68110863
	(2) Dividends: (A) Preferred stock	b(2)(A)	
	(B) Common stock	b(2)(B)	13572232
	(C) Total dividends. Add lines 2b(2)(A) and (B)	b(2)(C)	13572232
	(3) Rents	b(3)	5669314
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	b(4)(A)	1956984290
	(B) Aggregate carrying amount (see instructions)	b(4)(B)	2054607295
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	b(4)(C)	-97623005



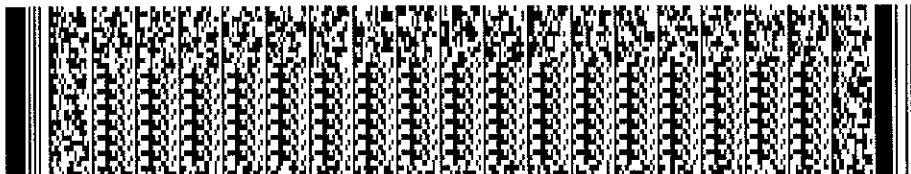
1 8 0 7 4 0 0 2 0 M



	(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	b(5)(A) -17033490	
(B) Other	b(5)(B) -173658268	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	-190691758
(6) Net investment gain (loss) from common/collective trusts	b(6)	-298777778
(7) Net investment gain (loss) from pooled separate accounts	b(7)	
(8) Net investment gain (loss) from master trust investment accounts	b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	
c Other income	c	202999
d Total income. Add all income amounts in column (b) and enter total	d	-267460928
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	e(1) 421832897	
(2) To insurance carriers for the provision of benefits	e(2)	
(3) Other	e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	e(4)	421832897
f Corrective distributions (see instructions)	f	
g Certain deemed distributions of participant loans (see instructions)	g	
h Interest expense	h	
i Administrative expenses: (1) Professional fees	i(1) 2141292	
(2) Contract administrator fees	i(2)	
(3) Investment advisory and management fees	i(3) 9672193	
(4) Other	i(4) 4721690	
(5) Total administrative expenses. Add lines 2i(1) through (4)	i(5)	16535175
j Total expenses. Add all expense amounts in column (b) and enter total	j	438368072
Net Income and Reconciliation		
k Net income (loss) (subtract line 2j from line 2d)	k	-705829000
l Transfers of assets		
(1) To this plan	l(1)	
(2) From this plan	l(2)	

Part III Accountant's Opinion

- 3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.
- a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse
- b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No
- c** Enter the name and EIN of the accountant (or accounting firm) **DARCANGELO & CO, LLP**
- d** The opinion of an independent qualified public accountant is **not attached** because:
 (1) this form is filed for a CCT, PSA or MTIA. (2) it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



1 8 0 7 4 0 0 3 0 N



Part IV Transactions During Plan Year

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

During the plan year:

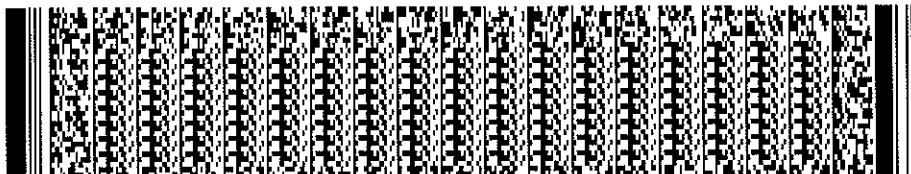
- a** Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked)
- c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)
- d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?
- h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)
- j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e	X		1000000
f		X	
g	X		29335493
h		X	
i	X		
j	X		
k		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year Yes No Amount _____

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

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



1 8 0 7 4 0 0 4 0 0



**SCHEDULE R
(Form 5500)**

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

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

Official Use Only

OMB No. 1210-0110

2007

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

For calendar year 2007 or fiscal plan year beginning 10/01/2007 and ending 09/30/2008

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

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1 \$ <u>0</u>
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). 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

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

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

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

6a Enter the minimum required contribution for this plan year	\$
b Enter the amount contributed by the employer to the plan for this plan year	\$
c 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)	\$

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

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

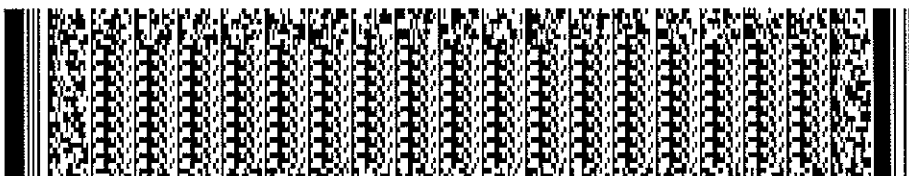
Part III Amendments

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

Part IV Coverage (See instructions.)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule R (Form 5500) 2007



2 2 0 7 4 0 0 1 0 G



**SCHEDULE SSA
(Form 5500)**

Department of the Treasury
Internal Revenue Service

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

Under Section 6057(a) of the Internal Revenue Code

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

Official Use Only

OMB No. 1210-0110

2007

**This Form is NOT Open
to Public Inspection.**

For calendar plan year 2007 or fiscal plan year beginning 10/01/2007 and ending 09/30/2008

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

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

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

City or town, state, and ZIP code

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

3b Administrator's EIN

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

City or town, state, and ZIP code

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

**SIGN
HERE**

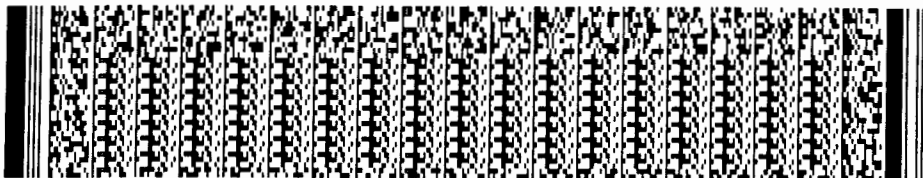
Signature of plan administrator ▶

Charles Payne

Phone number of plan administrator ▶ 781-345-4400

Date ▶ 7/13/2009

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v10.1 Schedule SSA (Form 5500) 2007



3 0 0 7 4 0 0 1 0 F

