

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☒ a multiemployer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a single-employer plan;</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan I.A.M. NATIONAL 401K PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1982
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN 1300 CONNECTICUT AVENUE, N.W. SUITE 300 WASHINGTON, DC 20036
2b	Employer Identification Number (EIN) 51-6031295
2c	Sponsor's telephone number 202-785-2658
2d	Business code (see instructions) 333510

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2010	WARREN L MART
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN 1300 CONNECTICUT AVENUE, N.W. SUITE 300 WASHINGTON, DC 20036	3b Administrator's EIN 51-6031295 3c Administrator's telephone number 202-785-2658
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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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	22991
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	22997
b Retired or separated participants receiving benefits.....	6b	6
c Other retired or separated participants entitled to future benefits.....	6c	347
d Subtotal. Add lines 6a , 6b , and 6c	6d	23350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	23352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	7119
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	237
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan I.A.M. NATIONAL 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN	D Employer Identification Number (EIN) 51-6031295	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	040171		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	22548098
5 Current value of plan's interest under this contract in separate accounts at year end	5	62767336

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	19228222
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c Additions: (1) Contributions deposited during the year	7c(1)	3980590	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	745462	
(4) Transferred from separate account	7c(4)	2786169	
(5) Other (specify below)	7c(5)	2235185	

▶ OTHER TRANSFERRED ASSETS, LN PYMTS

(6) Total additions	7c(6)	9747406
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d Total of balance and additions (add b and c(6)).	7d	28975628
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1921363	
(2) Administration charge made by carrier	7e(2)	1701	
(3) Transferred to separate account	7e(3)	2459753	
(4) Other (specify below)	7e(4)	2044713	

▶ OTHER LN INIT, EXCHG, MISC

(5) Total deductions	7e(5)	6427530
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f Balance at the end of the current year (subtract e(5) from d)	7f	22548098
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>I.A.M. NATIONAL 401K PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN</div>	<div>D Employer Identification Number (EIN)</div> <div>51-6031295</div>

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
PRUDENTIAL INSURANCE CO. OF AMERICA
22-1211670

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, 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).

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

O'DONOGHUE & O'DONOGHUE

4748 WISCONSIN AVENUE, N.W.
WASHINGTON, DC 20016-4672

53-0120528

(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?
29	NONE	75575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE CO. OF AMERICA

280 TRUMBULL STREET
HARTFORD, CT 06103

22-1211670

(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	NONE	210687	Yes ☒ No ☐	Yes ☐ No ☒		Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
PRUDENTIAL RET INS & ANN CO	28	0
(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.	
MANNING AND NAPIER ADVISORS 16-0995736	SUB TRANSFER AGENCY FEE. 40.000 BPS AND 0.00 PER PARTICIPANT 1/1/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO. OF AMERICA	28	0
(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.	
US BANCORP FUND 39-0281260	DISTRIBUTION 12B-1 FEES. 25.000 BPS AND \$0.00 PER PARTICIPANT IN THE FUND 01/01/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO. OF AMERICA	28	0
(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.	
GOLDMAN SACHS 13-5108880	DISTRIBUTION 12B-1 FEES. 45.000 BPS AND \$0.00 PER PARTICIPANT IN THE FUND 01/01/2009 TO 12/31/2009	

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
PRUDENTIAL INSURANCE CO. OF AMERICA	28	0
(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.	
AMERICAN FUNDS 95-2566717	DISTRIBUTION 12B-1 FEES. 10.000 BPS AND \$0.00 PER PARTICIPANT IN THE FUND 01/01/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INSURANCE CO. OF AMERICA	28	0
(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.	
PNC GLOBAL INV SVC 04-2871943	SUB TRANSFER AGENCY FEE. 25.000 BPS AND 0.00 PER PARTICIPANT 1/1/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INV MANAGMENT SERV LLC	28	0
(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.	
GOLDMAN SACHS 13-5108880	DISTRIBUTION 12B-1 FEES. 25.000 BPS 1/1/2009 TO 12/31/2009	

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
PRUDENTIAL INV MANAGMENT SERV LLC	28	0
(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.	
AMERICAN FUNDS 95-2769620	DISTRIBUTION 12B-1 FEES. 25.000 BPS 1/1/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INV MANAGMENT SERV LLC	28	0
(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.	
FUNDS DISTRIBUTOR 13-3532663	DISTRIBUTION 12B-1 FEES. 25.000 BPS 1/1/2009 TO 12/31/2009	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INV MANAGMENT SERV LLC	28	0
(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.	
STATE TREET GLOBAL MARKETS 04-3464336	DISTRIBUTION 12B-1 FEES. 7.000 BPS 1/1/2009 TO 12/31/2009	

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
PRUDENTIAL INV MANAGMENT SERV LLC	28	26

(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.
NATIONAL FINANCIAL SERVICES 04-3523567	DISTRIBUTION 12B-1 FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INV MANAGMENT SERV LLC	28	31

(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.
NATIONAL FINANCIAL SERVICES 04-3523567	DISTRIBUTION 12B-1 FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL INV MANAGMENT SERV LLC	28	0

(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.
NATIONAL FINANCIAL SERVICES 04-3523567	FEE REBATE; FIRST 500 MILLION - 15BPS, 500MM TO 1B - 16BPS, 1B AND ABOVE - 17BPS

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
PRUDENTIAL INV MANAGMENT SERV LLC	28	0

(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.
QUASAR 39-1982827	DISTRIBUTION 12B-1 FEES. 25.000 BPS 1/1/2009 TO 12/31/2009

(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.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>I.A.M. NATIONAL 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN</u>	D Employer Identification Number (EIN) <u>51-6031295</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (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: <u>DRYDEN S&P 500 INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6964121</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KENNEDY CAPITAL FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-257</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6393410</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2010</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-588</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6319979</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2020</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-589</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17031887</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2030</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-590</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5910878</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2040</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-627</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2062646</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MUNDER CAPITAL FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-125</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7251784</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INSURANCE**

c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6229309
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LSV ASSET MANAGEMENT FUND****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INSURANCE**

c EIN-PN 06-1050034-318	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3473802
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MANNING & NAPIER TARGET INCOME****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INSURANCE**

c EIN-PN 06-1050034-587	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 937466
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA RUSSELL 3000 INDEX SL SERIES F****b** Name of sponsor of entity listed in (a): **PRUDENTIAL RETIREMENT INSURANCE**

c EIN-PN 06-1050034-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 192054
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a Name of MTIA, CCT, PSA, or 103-12 IE:**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 103-12 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):

c EIN-PN	d Entity code	e 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):

c EIN-PN	d Entity code	e 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):

c EIN-PN	d Entity code	e 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):

c EIN-PN	d Entity code	e 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):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
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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

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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan I.A.M. NATIONAL 401K PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN	D Employer Identification Number (EIN) 51-6031295	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	169527	294599
(3) Other.....	1b(3)		446072
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	650821	525939
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3825598	4433165
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	39095384	62767336
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	8610429	14043096
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19228222	22548098
(15) Other	1c(15)		358530

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	71579981	105416835

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	41720	15640
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	41720	15640

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	71538261	105401195
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	20948780	
(C) Others (including rollovers)	2a(1)(C)	895619	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21844399
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	192667	
(F) Other	2b(1)(F)	745459	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		938126
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	79281	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		79281
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	80052	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		80052
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		11906890
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3210682
c Other income.....	2c		125000
d Total income. Add all income amounts in column (b) and enter total.....	2d		38184430

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4134057	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4134057
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	77646	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	109793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		187439
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4321496

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33862934
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(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) below:

(1) Name: **SALTER & COMPANY LLC**

(2) EIN: **20-8078757**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	☒		22133
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.).....		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		1000000
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?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

- 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)

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

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 section 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.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>I.A.M. NATIONAL 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN</u>	D Employer Identification Number (EIN) <u>51-6031295</u>

Part I	Distributions
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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): EIN(s): <u>52-1478129</u>		
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	<u>38</u>

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

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

Schedule R (Form 5500) 2009
v.092308.1

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.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ 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: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ 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:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
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	16b	

- 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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

Salter & Company, LLC

Certified Public Accountants

4600 EAST-WEST HIGHWAY • SUITE 300
BETHESDA, MD 20814
Telephone 301 830-7400 Facsimile 301 830-7401

To the Trustees of
I.A.M. National Pension Fund,
I.A.M. National 401(k) Plan

Independent Auditor's Report

We have audited the accompanying statements of net assets available for benefits of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Plan's management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan as of December 31, 2009 and 2008 and the changes in net assets available for benefits for the years then ended in conformity with the accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets Held for Investment Purposes is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Bethesda, Maryland
June 15, 2010

Salter & Company, LLC

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSESDECEMBER 31, 2009

Form 5500, Schedule H, Line 4i

EIN: 51-6031295

Plan No. 003

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
Mutual funds							
American Funds Growth Fund of America		Reg. Inv. Co.	N/A	N/A	232,328	\$ 6,985,939	\$ 6,298,404
First American Small Cap Select A		Reg. Inv. Co.	N/A	N/A	285,656	3,157,569	3,067,949
Goldman Sachs Mid Cap Value Fund A		Reg. Inv. Co.	N/A	N/A	20,727	548,351	600,661
Munder Mid Cap Core Growth A		Reg. Inv. Co.	N/A	N/A	133,003	3,505,372	2,963,297
SSgA IAM Shares		Reg. Inv. Co.	N/A	N/A	129,243	1,303,973	1,112,785
Total mutual funds						15,501,204	14,043,096
Group annuity accounts							
Guaranteed Income Fund		GAC	N/A	N/A	824,418	22,548,098	22,548,098
Pooled separate accounts							
PIMCO Fund		PSA	N/A	N/A	391,192	5,540,586	6,229,309
Dryden S&P 500 Index Fund		PSA	N/A	N/A	99,513	8,043,842	6,964,121
Munder Capital Fund		PSA	N/A	N/A	519,085	9,290,888	7,251,784
LSV Asset Management Fund		PSA	N/A	N/A	233,531	3,867,345	3,473,802
Manning & Napier Retirement Target 2010		PSA	N/A	N/A	665,652	6,281,167	6,319,979
Manning & Napier Retirement Target 2020		PSA	N/A	N/A	1,863,069	17,059,378	17,031,887
Manning & Napier Retirement Target 2030		PSA	N/A	N/A	683,285	5,943,639	5,910,878
Manning & Napier Retirement Target 2040		PSA	N/A	N/A	242,324	1,966,866	2,062,646
Manning & Napier Retirement Target Income		PSA	N/A	N/A	88,701	878,729	937,466
Kennedy Capital Fund		PSA	N/A	N/A	418,110	6,293,249	6,393,410
SSgA Russell 3000 Index SL Series Fund		PSA	N/A	N/A	8,821	173,819	192,054
Total pooled separate accounts						65,339,508	62,767,336
Self-managed accounts							
		N/A	N/A	N/A	358,530	358,530	358,530
Loan Fund							
		Loans	N/A	3.25% - 9.25%	N/A	4,433,165	4,433,165
Total assets held for investment purposes						\$ 108,180,505	\$ 104,150,225

Form 5500Department 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**2009****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2009 or fiscal plan year beginning **01/01/2009** and ending **12/31/2009**

- 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

1a Name of plan I.A.M. NATIONAL 401K PLAN	1b Three-digit plan number (PN) ► 003
	1c Effective date of plan 01/01/1982
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN	2b Employer Identification Number (EIN) 51-6031295
	2c Sponsor's telephone number 202-785-2658
	2d Business code (see instructions) 333510
WASHINGTON DC 20036	

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.

SIGN HERE	<i>Warren L. Math</i>	<i>6/30/10</i>	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Burtan C. Tubman</i>	<i>6/30/10</i>	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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 (2009)
V.092307.1

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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	22991
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		
a Active participants	6a	22997
b Retired or separated participants receiving benefits	6b	6
c Other retired or separated participants entitled to future benefits	6c	347
d Subtotal. Add lines 6a, 6b, and 6c	6d	23350
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	23352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	7119
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	237
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G		

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

I.A.M. NATIONAL 401K PLAN

51-6031295, PLAN 003

12/31/09 FORM 5500

ATTACHMENT

Schedule H, Part IV, 4a

ER Code	Company Name Address & EIN	RR for the month of	Date Payment Received	Total RR Amount
J27A	Jacobs Technology Inc Lee Whitham lee.whitham@jacobs.com	May-09	6/24/2009	21,588.46
B36A	Bechtel Savannah River Inc Mark Utley (803) 725-4691	Nov-09	1/4/2010	462.24
SY01	SIFCO Industries, Inc. Judy East 216-432-6282	Nov-09	1/4/2010	82.39

I.A.M. NATIONAL PENSION FUND,
I.A.M. NATIONAL 401(K) PLAN

REPORT

DECEMBER 31, 2009 AND 2008

I.A.M. NATIONAL PENSION FUND,

I.A.M. NATIONAL 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

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Statement of Changes in Net Assets Available for Benefits	3
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Additional Information	
Schedule of Assets Held for Investment Purposes	11

Salter & Company, LLC

Certified Public Accountants

4600 EAST-WEST HIGHWAY • SUITE 300
BETHESDA, MD 20814
Telephone 301 830-7400 Facsimile 301 830-7401

To the Trustees of
I.A.M. National Pension Fund,
I.A.M. National 401(k) Plan

Independent Auditor's Report

We have audited the accompanying statements of net assets available for benefits of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the Plan's management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan as of December 31, 2009 and 2008 and the changes in net assets available for benefits for the years then ended in conformity with the accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental Schedule of Assets Held for Investment Purposes is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Bethesda, Maryland
June 15, 2010

Salter & Company, LLC

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSTATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	December 31,	
<u>ASSETS</u>	<u>2009</u>	<u>2008</u>
<u>Investments - At Fair Value</u>		
Mutual funds	\$ 14,043,096	\$ 8,610,429
Group annuity accounts	22,548,098	19,228,222
Pooled separate accounts	62,767,336	39,095,384
Self-managed accounts	358,530	195,549
Participant loans	4,433,165	3,825,598
	<u>104,150,225</u>	<u>70,955,182</u>
<u>Receivables</u>		
Participant contributions	<u>294,599</u>	<u>169,527</u>
<u>Other Assets</u>		
Cash	525,939	455,272
Due from I.A.M. National Pension Fund, National Pension Plan	446,072	-
	<u>972,011</u>	<u>455,272</u>
<u>TOTAL ASSETS</u>	<u>\$ 105,416,835</u>	<u>\$ 71,579,981</u>
<u>LIABILITIES</u>		
Due to I.A.M. National Pension Fund, National Pension Plan	<u>\$ 15,640</u>	<u>\$ 41,720</u>
<u>TOTAL LIABILITIES</u>	<u>\$ 15,640</u>	<u>\$ 41,720</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 105,401,195</u>	<u>\$ 71,538,261</u>

See accompanying notes to financial statements.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2009 AND 2008

	Year Ended December 31,	
	<u>2009</u>	<u>2008</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
<u>INVESTMENTS</u>		
Net appreciation (depreciation) in fair value of investments	\$ 15,195,201	\$ (21,353,600)
Interest and dividends	827,163	735,178
Interest on participant loans	192,667	189,344
	<u>16,215,031</u>	<u>(20,429,078)</u>
<u>CONTRIBUTIONS</u>		
Participants	20,948,780	18,020,647
Rollovers	895,619	1,377,559
	<u>21,844,399</u>	<u>19,398,206</u>
<u>OTHER</u>		
Administrative assessments	<u>125,000</u>	<u>125,000</u>
<u>TOTAL ADDITIONS</u>	<u>\$ 38,184,430</u>	<u>\$ (905,872)</u>
<u>DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Participant distributions	\$ 2,294,981	\$ 2,639,301
Rollover distributions	1,839,076	2,784,289
Administrative expenses	<u>187,439</u>	<u>85,850</u>
<u>TOTAL DEDUCTIONS</u>	<u>\$ 4,321,496</u>	<u>\$ 5,509,440</u>
<u>NET INCREASE (DECREASE)</u>	<u>\$ 33,862,934</u>	<u>\$ (6,415,312)</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of Year	<u>71,538,261</u>	<u>77,953,573</u>
End of Year	<u>\$ 105,401,195</u>	<u>\$ 71,538,261</u>

See accompanying notes to financial statements.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan was established January 1, 1982 to provide retirement, severance, disability and survivor's benefits for eligible participants. Before July 1, 2001, the Plan had been financed entirely from employer contributions as required by the respective collective bargaining agreements between the International Association of Machinists and Aerospace Workers (IAMAW) and the contributing employers. Effective July 1, 2001, the Plan remains a multiemployer defined contribution plan, but the name has been changed and a 401(k) feature has been added. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions - Each year, participants may contribute from 1% to 50% (10% for highly compensated employees) of pre-tax annual compensation, as defined in the Plan, subject to maximum elective deferral contributions, an employer and union bargaining agent agreement to allow such contributions as set forth in the Participation Agreement, and Internal Revenue Service annual contribution limits. Participants may also contribute amounts representing distributions from other qualified benefit plans.

Effective January 1, 2006 the Plan permits after-tax contributions in addition to pre-tax contributions. The maximum rate of deferral for after-tax contributions is 15% of pay. However, the combined pre-tax and after-tax contribution is limited to 50% of pay (25% for highly compensated employees) and is subject to IRS limits.

Vesting - Participants are immediately vested upon receipt of contributions of the Plan. Each participant's account is credited with the participant's or employer contributions plus their net investment yield for the year, minus plan expenses.

Investment Options - Upon enrollment in the Plan, a participant may direct employee contributions in 1% increments in any combination of the Plan's investment options. Participants may change their investment options at any time.

Participant Loans - Participants may apply for a loan if the balance in their account is at least \$2,000. The minimum loan is \$1,000. The maximum loan cannot be more than 50% of the participant's account balance or \$50,000. The participant may have only one outstanding loan at a time. The participant will be charged an application fee and interest on the loan at the prime lending rate plus 1%.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Payment of Benefits - On termination of service due to death, disability or retirement, a participant shall receive a single lump-sum amount equal to the value of the participant's account. A participant who began participation in the Plan before July 1, 2001 and becomes entitled to receive the accumulated shares may elect to receive proceeds in the form of a life annuity. For termination of service due to other reasons, a participant will receive the value in his or her account as a lump-sum distribution.

The Plan allows for hardship withdrawals arising as the result of (a) expense incurred by the participant in order to obtain medical care for the participant or a dependent, (b) the purchase of a principal residence of the participant, (c) the payment of post-secondary tuition for the participant or a dependent, (d) the threat of eviction or foreclosure on the mortgage on the participant's principal residence, (e) payments for burial or funeral expenses for the participant's deceased parent, spouse, children or dependents, or (f) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction. The balance of after-tax and rollover contribution accounts may be withdrawn at any time and for any reason.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are carried at fair value. If available, quoted market prices are used to value investments. Investments in mutual funds are stated at the reported net asset value on the last day of the plan year. Participant loans are valued at cost which approximates fair value. Units of pooled separate accounts are valued at estimated fair value, which represent the net asset value of units held by the Plan at year end. Group annuity contracts are stated at contract value. See note 5 for discussion of fair value measurements.

Contributions Receivable - Contributions receivable at year end is based on receipts subsequent to the year end plus an estimate for those employers who are delinquent, if any. This estimate is based on the amounts included in the last employer remittance report submitted to the Plan.

Use of Estimates in the Preparation of Financial Statements - The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Reclassifications - Some items may have been reclassified from prior years financial statements for comparability purposes.

Subsequent Events. Subsequent events were evaluated through June 15, 2010, which is the date the financial statements were available to be issued.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 3. PRIORITIES UPON TERMINATION**

Although it has not expressed any intent to do so, the Board of Trustees has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event of termination of this Plan, the assets then remaining, after providing for the expenses of the Plan and for the payment of any Accumulated Shares theretofore approved, shall be distributed among the Participants. Each Participant shall receive that part of the total remaining assets in the same ratio as his Accumulated Share bears to the aggregate amount of the Accumulated Shares of all Participants. No portion of the assets will revert or inure to the benefit of an employer or the IAMAW.

NOTE 4. INVESTMENTS

The following summary presents fair value for each of the investment categories at December 31, 2009 and 2008. Investments which represent 5% or more of the Plan's net assets available for benefits are separately identified.

	December 31,	
	2009	2008
<u>Mutual Funds</u>		
American Funds Growth Fund of America	\$ 6,298,404	\$ 3,577,722
Other	7,744,692	5,032,707
	<u>14,043,096</u>	<u>8,610,429</u>
<u>Group Annuity Contracts</u>		
Guaranteed Income Fund	\$ 22,548,098	\$ 19,228,222
<u>Pooled separate accounts</u>		
Dryden S&P 500 Index Fund	\$ 6,964,121	\$ 4,892,792
Kennedy Capital Fund	6,393,410	-
Manning & Napier Retirement Target 2010	6,319,979	4,648,362
Manning & Napier Retirement Target 2020	17,031,887	10,590,121
Manning & Napier Retirement Target 2030	5,910,878	-
Munder Capital Fund	7,251,784	4,732,695
PIMCO Fund	6,229,309	-
Other	6,665,968	14,231,414
	<u>\$ 62,767,336</u>	<u>\$ 39,095,384</u>
Self-managed accounts	\$ 358,530	\$ 195,549
Participant loans	4,433,165	3,825,598
<u>Total investments</u>	<u>\$ 104,150,225</u>	<u>\$ 70,955,182</u>

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 4. INVESTMENTS (continued)**

During the years ended December 31, 2009 and 2008 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$15,195,201 and \$(21,353,600) respectively, as follows:

	Year Ended December 31,	
	2009	2008
<u>Appreciation (depreciation) of:</u>		
Mutual funds	\$ 3,210,682	\$ (5,188,984)
Pooled separate accounts	11,904,466	(16,043,686)
Self-managed accounts	<u>80,053</u>	<u>(120,930)</u>
<u>Total appreciation (depreciation) of investments:</u>	<u>\$ 15,195,201</u>	<u>\$ (21,353,600)</u>

NOTE 5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 5. FAIR VALUE MEASUREMENTS (continued)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds : Valued at the net asset value (NAV) of shares held by the plan at year end.

Group Annuity contract : Valued at the fair value of the underlying investments at year end.

Pooled separate accounts: The fair value of investments in pooled separate accounts managed by Prudential Retirement Insurance and Annuity Company are expressed as "units of account" with a value per unit that is the result of the accumulated values of the underlying investments held by the plan at year end.

Participant loans : Valued at cost, which approximates fair value.

Although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. These methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	<u>Assets at Fair Value as of December 31, 2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 14,043,096	\$ -	\$ -	\$ 14,043,096
Group annuity accounts	-	22,548,098	-	22,548,098
Pooled separate accounts	-	62,767,336	-	62,767,336
Self-managed accounts	-	-	358,530	358,530
Participant loans	-	-	4,433,165	4,433,165
Total assets at fair value	<u>\$ 14,043,096</u>	<u>\$ 85,315,434</u>	<u>\$ 4,791,695</u>	<u>\$ 104,150,225</u>

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 5. FAIR VALUE MEASUREMENTS (continued)**

<u>Assets at Fair Value as of December 31, 2008</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 8,610,429	\$ -	\$ -	\$ 8,610,429
Group annuity accounts	-	19,228,222	-	19,228,222
Pooled separate accounts	10,298,857	28,796,527	-	39,095,384
Self-managed accounts	-	-	195,549	195,549
Participant loans	-	-	3,825,598	3,825,598
Total assets at fair value	<u>\$ 18,909,286</u>	<u>\$ 48,024,749</u>	<u>\$ 4,021,147</u>	<u>\$ 70,955,182</u>

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009

<u>Level 3 Gains and Losses</u>	<u>Self managed accounts and participant loans</u>
Beginning Balance, January 1, 2009	\$ 4,021,147
Realized and Unrealized Gains (Losses)	80,052
Purchases, Sales and Settlements	690,496
Ending Balance, December 31, 2009	<u>\$ 4,791,695</u>

NOTE 6. TAX STATUS

The plan obtained its latest determination letter on July 31, 2002, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 7. RELATED PARTY TRANSACTIONS

During the years ended December 31, 2009 and 2008 the Plan was charged for its prorata share of office and administrative expenses paid for by the I.A.M. National Pension Fund, National Pension Plan, whose Trustees are also Trustees of the Plan. For the years ended December 31, 2009 and 2008 the amount of office expenses incurred by the Plan was \$117,000 and \$61,666, respectively, which is included in administrative expenses in the statement of changes in net assets available for benefits. The balance payable at December 31, 2009 and 2008 was \$15,640 and \$41,720, respectively.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSESDECEMBER 31, 2009

Form 5500, Schedule H, Line 4i

EIN: 51-6031295

Plan No. 003

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
Mutual funds							
American Funds Growth Fund of America		Reg. Inv. Co.	N/A	N/A	232,328	\$ 6,985,939	\$ 6,298,404
First American Small Cap Select A		Reg. Inv. Co.	N/A	N/A	285,656	3,157,569	3,067,949
Goldman Sachs Mid Cap Value Fund A		Reg. Inv. Co.	N/A	N/A	20,727	548,351	600,661
Munder Mid Cap Core Growth A		Reg. Inv. Co.	N/A	N/A	133,003	3,505,372	2,963,297
SSgA IAM Shares		Reg. Inv. Co.	N/A	N/A	129,243	1,303,973	1,112,785
Total mutual funds						15,501,204	14,043,096
Group annuity accounts							
Guaranteed Income Fund		GAC	N/A	N/A	824,418	22,548,098	22,548,098
Pooled separate accounts							
PIMCO Fund		PSA	N/A	N/A	391,192	5,540,586	6,229,309
Dryden S&P 500 Index Fund		PSA	N/A	N/A	99,513	8,043,842	6,964,121
Munder Capital Fund		PSA	N/A	N/A	519,085	9,290,888	7,251,784
LSV Asset Management Fund		PSA	N/A	N/A	233,531	3,867,345	3,473,802
Manning & Napier Retirement Target 2010		PSA	N/A	N/A	665,652	6,281,167	6,319,979
Manning & Napier Retirement Target 2020		PSA	N/A	N/A	1,863,069	17,059,378	17,031,887
Manning & Napier Retirement Target 2030		PSA	N/A	N/A	683,285	5,943,639	5,910,878
Manning & Napier Retirement Target 2040		PSA	N/A	N/A	242,324	1,966,866	2,062,646
Manning & Napier Retirement Target Income		PSA	N/A	N/A	88,701	878,729	937,466
Kennedy Capital Fund		PSA	N/A	N/A	418,110	6,293,249	6,393,410
SSgA Russell 3000 Index SL Series Fund		PSA	N/A	N/A	8,821	173,819	192,054
Total pooled separate accounts						65,339,508	62,767,336
Self-managed accounts							
		N/A	N/A	N/A	358,530	358,530	358,530
Loan Fund							
		Loans	N/A	3.25% - 9.25%	N/A	4,433,165	4,433,165
Total assets held for investment purposes						\$ 108,180,505	\$ 104,150,225