

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed 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 <div style="text-align: center; font-size: 24pt;">2010</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>I.A.M. NATIONAL 401K PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>01/01/1982</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN</u> <u>1300 CONNECTICUT AVENUE, N.W.</u> <u>SUITE 300</u> <u>WASHINGTON, DC 20036</u>	2b Employer Identification Number (EIN) <u>51-6031295</u> 2c Sponsor's telephone number <u>202-785-2658</u> 2d Business code (see instructions) <u>333510</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2011</u>	<u>WARREN L MART</u>
	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

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

Form 5500 (2010)
v.092307.1

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	23352
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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	19106
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	689
d Subtotal. Add lines 6a , 6b , and 6c	6d	19798
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	19798
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	10880
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	204
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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)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	10880	01/01/2010	12/31/2010

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	35267259
5 Current value of plan's interest under this contract in separate accounts at year end	5	108179838

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 ▶ **GUARANTEED GENERAL ACCOUNT CON**

b Balance at the end of the previous year	7b	22548098
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c Additions: (1) Contributions deposited during the year	7c(1)	5031924	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	865296	
(4) Transferred from separate account	7c(4)	3876353	
(5) Other (specify below)	7c(5)	11020894	

▶ **LOAN PAYS, TRANSFERS AND ROLLOVERS**

(6) Total additions	7c(6)	20794467
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d Total of balance and additions (add b and c(6))	7d	43342565
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2118393	
(2) Administration charge made by carrier	7e(2)	3674	
(3) Transferred to separate account	7e(3)	3056026	
(4) Other (specify below)	7e(4)	2897214	

▶ **OTHER LN INIT, EXCHG, MISC**

(5) Total deductions	7e(5)	8075307
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f Balance at the end of the current year (subtract e(5) from d)	7f	35267258
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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. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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	Service Provider Information (see instructions)
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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
THE PRUDENTIAL INS 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	53406	Yes ☐ No ☒	Yes ☐ No ☐	0	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	37311	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SALTER & COMPANY LLC

4600 EAST WEST HIGHWAY, 300
BETHESDA, MD 20814

20-8078757

(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?
10	NONE	9250	Yes ☐ No ☒	Yes ☐ No ☐	0	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

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

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

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

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

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

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan I.A.M. NATIONAL 401K PLAN		B Three-digit plan number (PN) ► 003
C Plan or DFE 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 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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12839039
a Name of MTIA, CCT, PSA, or 103-12 IE: KENNEDY CAPITAL FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-257	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9912921
a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2010		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-588	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7935610
a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2020		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-589	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28707433
a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2030		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-590	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13846978
a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2040		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-627	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5594379
a Name of MTIA, CCT, PSA, or 103-12 IE: AQR INTERNATIONAL FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE		
c EIN-PN 06-1050034-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10125788
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule D (Form 5500) 2010 v.092308.1		

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)	10905229
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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)	6143525
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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)	1225724
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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)	943214
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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)
-----------------	----------------------	---

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
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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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
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
---------------	--------------------------------------

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)	294599	268689
(3) Other.....	1b(3)	446072	2458
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	525939	587038
(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)	4433165	5958678
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	62767336	108179840
(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)	14043096	24662009
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	22548098	35267259
(15) Other	1c(15)	358530	565128

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	105416835	175491099

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	15640	81196
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15640	81196

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	105401195	175409903
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	27252104	
(C) Others (including rollovers)	2a(1)(C)	34818410	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		62070514

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)	215466	
(F) Other	2b(1)(F)	864679	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1080145

(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)	113615	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		113615

(3) Rents	2b(3)		
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(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)	3207	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3207
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		11092654
(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)		3289304
c Other income.....	2c		356729
d Total income. Add all income amounts in column (b) and enter total.....	2d		78006168

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7794069	
(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)		7794069
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)	62656	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	140735	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		203391
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7997460

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		70008708
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.).....	☒		110743
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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
---------------	----------------------

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
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>67</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)
----------------	--

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
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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) 2010
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): _____

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

REPORT

DECEMBER 31, 2010 AND 2009

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

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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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, 2010 and 2009, 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, 2010 and 2009 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.

Salter & Company, LLC

Bethesda, Maryland
June 2, 2011

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSTATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2010 AND 2009

	December 31,	
	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
<u>Investments - At Fair Value</u>		
Mutual funds	\$ 24,662,009	\$ 14,043,096
Group annuity accounts	35,267,259	22,548,098
Pooled separate accounts	108,179,840	62,767,336
Self-managed accounts	565,128	358,530
	<u>168,674,236</u>	<u>99,717,060</u>
<u>Receivables</u>		
Participant contributions	268,689	294,599
Notes receivable from participants	5,958,678	4,433,165
	<u>6,227,367</u>	<u>4,727,764</u>
<u>Other Assets</u>		
Cash	587,038	525,939
Due from I.A.M. National Pension Fund, National Pension Plan	2,458	446,072
	<u>589,496</u>	<u>972,011</u>
<u>TOTAL ASSETS</u>	\$ <u>175,491,099</u>	\$ <u>105,416,835</u>
<u>LIABILITIES</u>		
Due to I.A.M. National Pension Fund, National Pension Plan	\$ <u>81,196</u>	\$ <u>15,640</u>
<u>TOTAL LIABILITIES</u>	\$ <u>81,196</u>	\$ <u>15,640</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	\$ <u><u>175,409,903</u></u>	\$ <u><u>105,401,195</u></u>

See accompanying notes to financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2010 AND 2009

	Year Ended December 31,	
	<u>2010</u>	<u>2009</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
<u>INVESTMENTS</u>		
Net appreciation (depreciation) in fair value of investments	\$ 14,385,165	\$ 15,195,201
Interest and dividends	978,294	827,163
	<u>15,363,459</u>	<u>16,022,364</u>
<u>CONTRIBUTIONS</u>		
Interest on notes receivable from participants	215,466	192,667
Participants	27,252,104	20,948,780
Rollovers	34,818,410	895,619
	<u>62,285,980</u>	<u>22,037,066</u>
<u>OTHER</u>		
Administrative assessments	125,000	125,000
Miscellaneous income	231,729	-
	<u>356,729</u>	<u>125,000</u>
<u>TOTAL ADDITIONS</u>	<u>\$ 78,006,168</u>	<u>\$ 38,184,430</u>
<u>DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Participant distributions	\$ 3,008,334	\$ 2,294,981
Rollover distributions	4,785,735	1,839,076
Administrative expenses	203,391	187,439
	<u>7,997,460</u>	<u>4,321,496</u>
<u>TOTAL DEDUCTIONS</u>	<u>\$ 7,997,460</u>	<u>\$ 4,321,496</u>
<u>NET INCREASE (DECREASE)</u>	<u>\$ 70,008,708</u>	<u>\$ 33,862,934</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of Year	<u>105,401,195</u>	<u>71,538,261</u>
End of Year	<u>\$ 175,409,903</u>	<u>\$ 105,401,195</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.

Notes Receivable from Participants - 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 reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

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 2, 2011, 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 fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	December 31,	
	2010	2009
<u>Mutual Funds</u>		
American Funds Growth Fund of America	\$ 10,218,277	\$ 6,298,404
<u>Group Annuity Contracts</u>		
Guaranteed Income Fund	35,267,259	22,548,098
<u>Pooled separate accounts</u>		
Dryden S&P 500 Index Fund	12,839,039	6,964,121
Kennedy Capital Fund	9,912,921	6,393,410
Manning & Napier Retirement Target 2010	-	6,319,979
Manning & Napier Retirement Target 2020	28,707,433	17,031,887
Manning & Napier Retirement Target 2030	13,846,978	5,910,878
Munder Capital Fund	10,125,788	7,251,784
PIMCO Fund	10,905,229	6,229,309

During the years ended December 31, 2010 and 2009 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 \$14,385,165 and \$15,195,201 respectively, as follows:

	Year Ended December 31,	
	2010	2009
<u>Appreciation (depreciation) of:</u>		
Mutual funds	\$ 3,289,304	\$ 3,210,682
Pooled separate accounts	11,092,654	11,904,466
Self-managed accounts	3,207	80,053
<u>Total appreciation (depreciation) of investments:</u>	<u>\$ 14,385,165</u>	<u>\$ 15,195,201</u>

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

NOTES TO THE FINANCIAL STATEMENTS

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.

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, 2010 and 2009.

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.

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

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010 and 2009:

<u>Assets at Fair Value as of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Mutual funds</u>				
Growth funds	\$ 20,366,924	\$ -	\$ -	\$ 20,366,924
Value funds	2,831,245	-	-	2,831,245
Blend Funds	1,463,840	-	-	1,463,840
Total mutual funds	<u>24,662,009</u>	<u>-</u>	<u>-</u>	<u>24,662,009</u>
<u>Pooled separate accounts</u>				
Specialty Funds	-	57,310,124	-	57,310,124
Value funds	-	16,056,446	-	16,056,446
Blend Funds	-	23,908,041	-	23,908,041
Fixed income funds	-	10,905,229	-	10,905,229
Total pooled separate accounts	<u>-</u>	<u>108,179,840</u>	<u>-</u>	<u>108,179,840</u>
Group annuity accounts	-	35,267,259	-	35,267,259
Self-managed accounts	-	-	565,128	565,128
Total assets at fair value	<u>\$ 24,662,009</u>	<u>\$ 143,447,099</u>	<u>\$ 565,128</u>	<u>\$ 168,674,236</u>

<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
Pooled separate accounts	-	62,767,336	-	62,767,336
Group annuity accounts	-	22,548,098	-	22,548,098
Self-managed accounts	-	-	358,530	358,530
Total assets at fair value	<u>\$ 14,043,096</u>	<u>\$ 85,315,434</u>	<u>\$ 358,530</u>	<u>\$ 99,717,060</u>

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

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, 2010.

<u>Level 3 Gains and Losses</u>	Self managed accounts
Beginning Balance, January 1, 2010	\$ 358,530
Realized and Unrealized Gains (Losses)	3,207
Purchases, Sales and Settlements	203,391
Ending Balance, December 31, 2010	<u>\$ 565,128</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, 2010 and 2009 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, 2010 and 2009 the amount of office expenses incurred by the Plan was \$105,000 and \$117,000, respectively, which is included in administrative expenses in the statement of changes in net assets available for benefits. The balance payable at December 31, 2010 and 2009 was \$81,196 and \$15,640, respectively.

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, 2010

Form 5500, Schedule H, Line 4i

EIN: 51-6031295

Plan No. 003

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				(d)	(e)
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
Mutual funds							
	American Funds Growth Fund of America	Reg. Inv. Co.	N/A	N/A	338,466	\$ 9,846,660	\$ 10,218,277
	Nuveen Small Cap Select A	Reg. Inv. Co.	N/A	N/A	402,331	4,517,315	5,310,769
	Goldman Sachs Mid Cap Value Fund A	Reg. Inv. Co.	N/A	N/A	69,684	2,144,022	2,501,665
	Munder Mid Cap Core Growth A	Reg. Inv. Co.	N/A	N/A	173,463	4,459,946	4,837,878
	Wells Fargo Stable Val C	Reg. Inv. Co.	N/A	N/A	6,987	326,645	329,580
	SSgA IAM Shares	Reg. Inv. Co.	N/A	N/A	151,536	1,485,239	1,463,840
	Total mutual funds					22,779,827	24,662,009
Group annuity accounts							
*	Guaranteed Income Fund	GAC	N/A	N/A	1,248,875	35,267,259	35,267,259
Pooled separate accounts							
*	PIMCO Fund	PSA	N/A	N/A	640,469	10,009,820	10,905,229
*	Dryden S&P 500 Index Fund	PSA	N/A	N/A	159,979	12,350,316	12,839,039
*	LSV Asset Management Fund	PSA	N/A	N/A	366,758	5,892,030	6,143,525
*	AQR International Fund	PSA	N/A	N/A	668,022	11,030,623	10,125,788
*	Manning & Napier Retirement Target 2010	PSA	N/A	N/A	750,519	7,187,728	7,935,610
*	Manning & Napier Retirement Target 2020	PSA	N/A	N/A	2,791,550	26,026,789	28,707,433
*	Manning & Napier Retirement Target 2030	PSA	N/A	N/A	1,411,329	12,550,965	13,846,978
*	Manning & Napier Retirement Target 2040	PSA	N/A	N/A	575,312	4,910,083	5,594,379
*	Manning & Napier Retirement Target Income	PSA	N/A	N/A	106,270	1,102,416	1,225,724
*	Kennedy Capital Fund	PSA	N/A	N/A	509,543	7,975,512	9,912,921
*	SSgA Russell 3000 Index SL Series Fund	PSA	N/A	N/A	37,130	826,939	943,214
	Total pooled separate accounts					99,863,221	108,179,840
Self-managed accounts		N/A	N/A	N/A	565,128	565,128	565,128
Total assets held for investment purposes						\$ 158,475,435	\$ 168,674,236

* party-in-interest

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSESDECEMBER 31, 2010

Form 5500, Schedule H, Line 4i

EIN: 51-6031295

Plan No. 003

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				(d)	(e)
		Description	Maturity Date	Rate of Interest	Par/Maturity Value or Shares		
Mutual funds							
	American Funds Growth Fund of America	Reg. Inv. Co.	N/A	N/A	338,466	\$ 9,846,660	\$ 10,218,277
	Nuveen Small Cap Select A	Reg. Inv. Co.	N/A	N/A	402,331	4,517,315	5,310,769
	Goldman Sachs Mid Cap Value Fund A	Reg. Inv. Co.	N/A	N/A	69,684	2,144,022	2,501,665
	Munder Mid Cap Core Growth A	Reg. Inv. Co.	N/A	N/A	173,463	4,459,946	4,837,878
	Wells Fargo Stable Val C	Reg. Inv. Co.	N/A	N/A	6,987	326,645	329,580
	SSgA IAM Shares	Reg. Inv. Co.	N/A	N/A	151,536	1,485,239	1,463,840
	Total mutual funds					22,779,827	24,662,009
Group annuity accounts							
*	Guaranteed Income Fund	GAC	N/A	N/A	1,248,875	35,267,259	35,267,259
Pooled separate accounts							
*	PIMCO Fund	PSA	N/A	N/A	640,469	10,009,820	10,905,229
*	Dryden S&P 500 Index Fund	PSA	N/A	N/A	159,979	12,350,316	12,839,039
*	LSV Asset Management Fund	PSA	N/A	N/A	366,758	5,892,030	6,143,525
*	AQR International Fund	PSA	N/A	N/A	668,022	11,030,623	10,125,788
*	Manning & Napier Retirement Target 2010	PSA	N/A	N/A	750,519	7,187,728	7,935,610
*	Manning & Napier Retirement Target 2020	PSA	N/A	N/A	2,791,550	26,026,789	28,707,433
*	Manning & Napier Retirement Target 2030	PSA	N/A	N/A	1,411,329	12,550,965	13,846,978
*	Manning & Napier Retirement Target 2040	PSA	N/A	N/A	575,312	4,910,083	5,594,379
*	Manning & Napier Retirement Target Income	PSA	N/A	N/A	106,270	1,102,416	1,225,724
*	Kennedy Capital Fund	PSA	N/A	N/A	509,543	7,975,512	9,912,921
*	SSgA Russell 3000 Index SL Series Fund	PSA	N/A	N/A	37,130	826,939	943,214
	Total pooled separate accounts					99,863,221	108,179,840
Self-managed accounts		N/A	N/A	N/A	565,128	565,128	565,128
Total assets held for investment purposes						\$ 158,475,435	\$ 168,674,236

* party-in-interest

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**2010****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

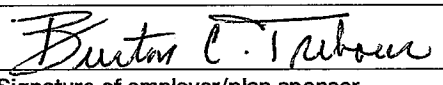
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or
☐ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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 1300 CONNECTICUT AVENUE, N.W. SUITE 300 WASHINGTON DC 20036 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 	Date	Enter name of individual signing as plan administrator
SIGN HERE 	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 (2010)
V.092307.1

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ER Code	Company Name & Address	Tax ID #	Pay Period End Date	Date 401k Contributions Received	Total 401k Contributions
AB03	Allied Aviation Service Co. Fuel Farm Rd. #116 Elizabeth, NJ 07201	13-5565924	Nov 7 - Nov 21 (3 weeks)	12/9/2010	\$ 13,312.55
AB03	Allied Aviation Service Co. Fuel Farm Rd. #116 Elizabeth, NJ 07201	13-5565924	Dec 5, Dec 12, Dec 19 (3 weeks)	1/10/2011	\$ 15,654.76
B36A	Bechtel Savannah River Inc. Bldg 719-5N Aiken, SC 29808	94-3077224	1/3/2010	3/1/2010	\$ 105.95
B36A	Bechtel Savannah River Inc. Bldg 719-5N Aiken, SC 29808	94-3077224	1/10/2010	3/1/2010	\$ 119.89
B36A	Bechtel Savannah River Inc. Bldg 719-5N Aiken, SC 29808	94-3077224	1/17/2010	3/1/2010	\$ 120.00
B36A	Bechtel Savannah River Inc. Bldg 719-5N Aiken, SC 29808	94-3077224	1/24/2010	3/1/2010	\$ 126.63
B81A	BSA/LB&B Joint Venture 4600 Debarr Rd. Ste 200 Anchorage, AK 99508	20-1661351	3/15/2010	5/10/2010	\$ 224.08
B81A	BSA/LB&B Joint Venture 4600 Debarr Rd. Ste 200 Anchorage, AK 99508	20-1661351	3/31/2010	5/10/2010	\$ 250.92
B82A	BSA/LB&B Joint Venture 4600 Debarr Rd. Ste 200 Anchorage, AK 99508	20-1661351	3/15/2010	5/10/2010	\$ 871.51
B82A	BSA/LB&B Joint Venture 4600 Debarr Rd. Ste 200 Anchorage, AK 99508	20-1661351	3/31/2010	5/10/2010	\$ 962.63
B94A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	7-Nov-10	11/24/2010	\$ 178.91
B94A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	5-Dec-10	12/29/2010	\$ 175.01

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ER Code	Company Name & Address	Tax ID #	Pay Period End Date	Date 401k Contributions Received	Total 401k Contributions
B95A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	7-Nov-10	11/24/2010	\$ 49.36
B95A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	5-Dec-10	12/29/2010	\$ 50.90
B96A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	7-Nov-10	11/24/2010	\$ 23.00
B96A	Barclay Brand 2401 South Clinton Ave. South Plainfield, NJ 07080	22-3414541	5-Dec-10	12/29/2010	\$ 22.74
BK01	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	3-Nov-10	11/22/2010	\$ 143.84
BK01	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	17-Nov-10	12/6/2010	\$ 141.33
BK01	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	Dec 1 - Dec 29 (5 weeks)	1/25/2011	\$ 888.61
BK02	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	3-Nov-10	11/22/2010	\$ 27.97
BK02	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	17-Nov-10	12/6/2010	\$ 28.27
BK02	Keystone Nissan Inc. 6819 Johnson Dr. Mission, KS 66202	48-1196352	Dec 1 - Dec 29 (5 weeks)	1/25/2011	\$ 150.89
BZ52	Ganley Ford West 16100 Lorain Ave. Cleveland, OH 44111	34-1344161	8-Oct-10	11/1/2010	\$ 59.21
BZ52	Ganley Ford West 16100 Lorain Ave. Cleveland, OH 44111	34-1344161	15-Oct-10	11/1/2010	\$ 57.45

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BZ52	Ganley Ford West 16100 Lorain Ave. Cleveland, OH 44111	34-1344161	26-Nov-10	12/16/2010	\$ 68.55
CA77	CMP Industires LLC 413 North Pearl St. Albany, NY 12207	14-1835911	Oct 3 - Oct 24 (4 weeks)	11/10/2010	\$ 142.51
CA77	CMP Industires LLC 413 North Pearl St. Albany, NY 12207	14-1835911	7-Nov-10	12/6/2010	\$ 37.01
CA77	CMP Industires LLC 413 North Pearl St. Albany, NY 12207	14-1835911	14-Nov-10	12/6/2010	\$ 35.28
CA77	CMP Industires LLC 413 North Pearl St. Albany, NY 12207	14-1835911	Dec 6, Dec 13, Dec 20 (3 weeks)	1/10/2011	\$ 102.18
CK03	Van Chevrolet Cadillac Subaru 100 NW Vivion Rd. Kansas City, MO 64118	44-0617358	4-Dec-10	12/22/2010	\$ 143.73
CK04	Van Chevrolet Cadillac Subaru 100 NW Vivion Rd. Kansas City, MO 64118	44-0617358	4-Dec-10	12/22/2010	\$ 294.82
D057	IAM District 65 IAM 257 Elmwood Ave. Buffalo, NY 14222	16-0429645	3-Dec-10	12/6/2010	\$ 390.56
D057	District Lodge 65 IAM 257 Elmwood Ave. Buffalo, NY 14222	16-0429645	Oct 1 - Oct 15 (3 weeks)	11/1/2010	\$ 1,171.68
D081	District Lodge 98 IAM 3200 E. Prospect Rd. York, PA 17402	23-0919192	Oct 15 2010	11/16/2010	\$ 1,374.16
D80A	District Lodge 00004 IAM 698 Lisbon St. Lisbon Falls, ME 04252	52-1597968	19-Nov-10	12/13/2010	\$ 37.70
D80A	District Lodge 00004 IAM 698 Lisbon St. Lisbon Falls, ME 04252	52-1597968	31-Dec-10	1/24/2011	\$ 37.70

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D94A	District Lodge 60 IAM 9315 Middlebelt Rd. Romulus, MI 48174	38-1097187	27-Oct-10	11/19/2010	\$ 247.81
D94A	District Lodge 60 IAM 9315 Middlebelt Rd. Romulus, MI 48174	38-1097187	3-Nov-10	11/19/2010	\$ 247.81
D94A	District Lodge 60 IAM 9315 Middlebelt Rd. Romulus, MI 48174	38-1097187	17-Nov-10	12/14/2010	\$ 247.81
D94A	District Lodge 60 IAM 9315 Middlebelt Rd. Romulus, MI 48174	38-1097187	24-Nov-10	12/14/2010	\$ 247.81
D94A	District Lodge 60 IAM 9315 Middlebelt Rd. Romulus, MI 48174	38-1097187	15-Dec-10	1/4/2011	\$ 247.81
E57A	EMI Service Inc. Idaho 301 A St. Falls, ID 83402	58-1967391	Oct 7 & Oct 22	11/12/2010	\$ 1,248.83
E57A	EMI Service Inc. Idaho 301 A St. Falls, ID 83402	58-1967391	31-Oct-10	12/9/2010	\$ 503.80
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	5/7/10	8/19/2010	\$ 50.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	5/14/10	8/19/2010	\$ 50.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	5/21/10	8/19/2010	\$ 50.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	5/28/10	8/19/2010	\$ 50.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	Sep-10	10/22/2010	\$ 250.00

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ER Code	Company Name & Address	Tax ID #	Pay Period End Date	Date 401k Contributions Received	Total 401k Contributions
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	Oct 1 - Oct 22 (4 Weeks)	11/12/2010	\$ 200.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	Nov 5 - Nov 19 (3 Weeks)	12/13/2010	\$ 150.00
F23A	Friedman Automotive Services Inc. 1662 E. 361st Street Eastlake, OH 44095	34-1967601	Dec 3, Dec 10, Dec 17, Dec 24 (4 Weeks)	1/14/2011	\$ 200.00
F47A	Fidelity Technologies Corp. 2501 Kutztown Rd. Reading, PA 19605	23-2492166	5-Dec-10	12/22/2010	\$ 14,458.18
G60A	Greyhound Lines Inc. 350 North Saint Paul St. Dallas, TX 75201	86-0572343	24-Nov-10	12/14/2010	\$ 2,405.12
G60A	Greyhound Lines Inc. 350 North Saint Paul St. Dallas, TX 75201	86-0572343	1-Dec-10	12/20/2010	\$ 2,556.80
I37A	International Union of Journeyman 93 Lake Ave. Ste 103 Danbury, CT 06810	71-0301129	26-Nov-10	12/14/2010	\$ 64.01
I37A	International Union of Journeyman 93 Lake Ave. Ste 103 Danbury, CT 06810	71-0301129	Dec 17 & Dec 24 (2 weeks)	1/20/2011	\$ 143.56
J14A	Bill Jacobs Motorsport Inc. (Naperville) 1564 West Ogden Ave. Naperville, IL 60540	36-3462757	21-Nov-10	12/13/2010	\$ 346.87
J14A	Bill Jacobs Motorsport Inc. (Naperville) 1564 West Ogden Ave. Naperville, IL 60540	36-3462757	5-Dec-10	12/22/2010	\$ 363.43

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ER Code	Company Name & Address	Tax ID #	Pay Period End Date	Date 401k Contributions Received	Total 401k Contributions
J15A	Bill Jacobs Motorsport Inc. (Hinsdale) 300 East Ogden Ave. Hinsdale, IL 60521	36-3462757	21-Nov-10	12/13/2010	\$ 323.74
J15A	Bill Jacobs Motorsport Inc. (Hinsdale) 300 East Ogden Ave. Hinsdale, IL 60521	36-3462757	5-Dec-10	12/22/2010	\$ 317.24
J27A	Jacobs Technology Inc. 600 William Northern Blvd. Tullahoma, TN 37388	62-0510412	Nov 5 & Nov 12 (2 Weeks)	12/7/2010	\$ 8,975.09
J27A	Jacobs Technology Inc. 600 William Northern Blvd. Tullahoma, TN 37388	62-0510412	Dec 3 & Dec 10 (2 weeks)	12/31/2010	\$ 9,619.22
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	7/2/10	10/22/2010	\$ 46.99
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	7/16/10	10/22/2010	\$ 46.41
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	7/30/10	10/22/2010	\$ 46.61
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	8/13/10	10/22/2010	\$ 47.45
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	8/27/10	10/22/2010	\$ 506.52
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	Sep-10	10/22/2010	\$ 1,079.60

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ER Code	Company Name & Address	Tax ID #	Pay Period End Date	Date 401k Contributions Received	Total 401k Contributions
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	22-Oct-10	12/14/2010	\$ 595.19
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	5-Nov-10	12/14/2010	\$ 524.89
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	18-Jun-10	10/22/2010	\$ 46.41
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	19-Nov-10	12/14/2010	\$ 606.43
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	Dec 3 & Dec 17 (2 weeks)	1/13/2011	\$ 685.19
L05B	LJT Associates Inc. 9881 Broken Land Pkwy Ste 400 Columbia, MD 21046	63-1148956	June - Nov 2010	1/13/2011	\$ 705.07
L22B	Listerhill Total Maintenance Center P.O. Box 4199 Muscle Shoals, AL 35662	20-0267941	21-Nov-10	12/9/2010	\$ 246.89
L22B	Listerhill Total Maintenance Center P.O. Box 4199 Muscle Shoals, AL 35662	20-0267941	5-Dec-10	12/22/2010	\$ 382.30
L22B	Listerhill Total Maintenance Center P.O. Box 4199 Muscle Shoals, AL 35662	20-0267941	26-Dec-10	1/19/2011	\$ 541.69
L85A	Local Lodge 00010 3204 Cutshaw Ave. Richmond, VA 23230	54-6065069	4/30/2010	6/9/2010	\$ 40.31

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LZ65	Local Lodge 02003 IAM 222 Donnell Blvd. Daleville, AL 36322	63-0356784	31-Oct-10	11/23/2010	\$ 33.76
LZ65	Local Lodge 02003 IAM 222 Donnell Blvd. Daleville, AL 36322	63-0356784	7-Nov-10	11/23/2010	\$ 37.55
LZ95	John Lance Ford Inc. 23775 Center Ridge Rd. Westlake, OH 44145	63-0356784	Paydate Oct 10 & Oct 25	11/15/2010	\$ 450.18
LZ95	John Lance Ford Inc. 23775 Center Ridge Rd. Westlake, OH 44145	63-0356784	Paydate Nov 10 & Nov 25	12/14/2010	\$ 493.80
LZ95	John Lance Ford Inc. 23775 Center Ridge Rd. Westlake, OH 44145	63-0356784	Paydate Dec 10 & Dec 24 (2 payperiods)	1/10/2011	\$ 428.51
M60A	Major Infiniti Inc. 1001 West 104th St. Kansas City, MO 64114	43-1646599	4-Dec-10	12/22/2010	\$ 230.59
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	Sep-10	10/27/2010	\$ 1,624.09
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	5-Oct-10	10/27/2010	\$ 532.74
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	26-Oct-10	12/2/2010	\$ 459.14
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	2-Nov-10	12/2/2010	\$ 380.41
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	9-Nov-10	12/2/2010	\$ 387.04
PA40	Pacifico Ford Inc. 6701 Essington Ave. Philadelphia, PA 19153	23-1433366	Dec 14 & Dec 21 (2 weeks)	1/12/2011	\$ 963.39

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R46A	Earthgrains Baking Co. 160 L St. Fresno, CA 93721	34-0966184	3-Dec-10	12/22/2010	\$ 35.00
R51A	Runnion Equipment Co. 7950 W. 47th St. Lyons, IL 60534	36-2825271	28-Nov-10	12/22/2010	\$ 340.55
R51A	Runnion Equipment Co. 7950 W. 47th St. Lyons, IL 60534	36-2825271	5-Dec-10	12/22/2010	\$ 368.92
R51A	Runnion Equipment Co. 7950 W. 47th St. Lyons, IL 60534	36-2825271	12-Dec-10	1/4/2011	\$ 318.43
RA46	Earthgrains Baking Co. 160 L St. Fresno, CA 93721	34-0966184	5/15/10	7/26/2010	\$ 35.00
RA46	Earthgrains Baking Co. 160 L St. Fresno, CA 93721	34-0966184	5/22/10	7/26/2010	\$ 35.00
RA46	Earthgrains Baking Co. 160 L St. Fresno, CA 93721	34-0966184	6/5/10	7/26/2010	\$ 35.00
RA46	Earthgrains Baking Co. 160 L St. Fresno, CA 93721	34-0966184	5/29/10	7/26/2010	\$ 35.00
S27B	Smith Research Corp. 263 3rd St. Ste 610 Baton Rouge, LA 70801	72-1260218	3-Dec-11	12/22/2010	\$ 765.74
S27B	Smith Research Corp. 263 3rd St. Ste 610 Baton Rouge, LA 70801	72-1260218	Dec 10 & Dec 17 (2 weeks)	1/6/2011	\$ 1,054.09
S40B	Savannah River Nuclear Solutions LLC Bldg 704-N Room 98 Savannah River Site Aiken, SC 29808	26-0240191	14-Nov-10	12/8/2010	\$ 12.45

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S61A	F L Smidth Inc. 236 S. Cherry St. Manheim, PA 17545	23-0606560	19-Dec-10	1/10/2011	\$ 41.86
SA24	SAF-LOK SCAFFOLDING CO. 1 D St. South Boston, MA 02127	04-2012474	Feb-10	8/12/2010	\$ 2,875.00
SA24	SAF-LOK SCAFFOLDING CO. 1 D St. South Boston, MA 02127	04-2012474	3/25/2010	8/12/2010	\$ 219.33
SA24	SAF-LOK SCAFFOLDING CO. 1 D St. South Boston, MA 02127	04-2012474	4/15/2010	8/12/2010	\$ 219.33
T41A	Tinker Support Service P.O. Box 46037 Tinker Air Force Base, OK 73145	20-3076615	2-Dec-10	12/22/2010	\$ 9,808.90
T41A	Tinker Support Service P.O. Box 46037 Tinker Air Force Base, OK 73145	20-3076615	9-Dec-10	1/3/2011	\$ 399.82
U12A	United Service Workers Union 138-50 Queens Blvd Briarwood, NY 11435	11-1772919	17-Dec-10	1/10/2011	\$ 188.88
U23A	United Service Workers Union 138-50 Queens Blvd Briarwood, NY 11435	11-1772919	17-Dec-10	1/10/2011	\$ 250.00
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	1/3/2010	2/24/2010	\$ 26.54
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	1/10/2010	2/24/2010	\$ 26.54

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WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	1/17/2010	2/24/2010	\$ 26.54
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	1/24/2010	2/24/2010	\$ 26.54
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	1/31/2010	2/24/2010	\$ 26.54
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	20-Nov-10	12/10/2010	\$ 56.18
WZ84	Williams Form Engineering Corp. 8165 Graphic Dr. NE Belmont, MI 49306	38-1175280	25-Dec-10	1/18/2011	\$ 56.18
WZ92	Ganley Chevy Inc. 15315 Lorain Ave. Cleveland, OH 44111	34-1894824	13-Nov-10	12/6/2010	\$ 41.23
WZ92	Ganley Chevy Inc. 15315 Lorain Ave. Cleveland, OH 44111	34-1894824	31-Dec-10	1/21/2011	\$ 102.08
					\$ 110,743.05