

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1982</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1982</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; include room or suite number (employer, if for a single-employer plan) <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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-6031295</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>202-785-2658</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333510</u></td> </tr> </table>	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>	
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	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>10/15/2013</u> Date	<u>ROBERT ROACH, JR.</u> 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>SALTER & COMPANY, LLC</u> <u>4600 EAST WEST HIGHWAY, SUITE 300</u> <u>BETHESDA, MA 20814</u>			Preparer's telephone number (optional) <u>301-830-7400</u>

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 23010
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	22943
b Retired or separated participants receiving benefits.....	6b	5
c Other retired or separated participants entitled to future benefits.....	6c	1287
d Subtotal. Add lines 6a , 6b , and 6c	6d	24235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	24235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	15488
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)		7 220
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 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 Characteristics 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
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) ☒ <u>1</u> 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 <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2012
		This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

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	15488	01/01/2012	12/31/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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	50432069
5 Current value of plan's interest under this contract in separate accounts at year end	5	166085716

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	44746362
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c Additions: (1) Contributions deposited during the year	7c(1)	5940891	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1156183	
(4) Transferred from separate account	7c(4)	5947984	
(5) Other (specify below)	7c(5)	3417446	

▶ **LOAN PAYS, TRANSFERS AND ROLLOVERS**

(6) Total additions	7c(6)	16462504
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d Total of balance and additions (add lines 7b and 7c(6))	7d	61208866
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3663369	
(2) Administration charge made by carrier	7e(2)	4936	
(3) Transferred to separate account	7e(3)	4367390	
(4) Other (specify below)	7e(4)	2741102	

▶ **OTHER LN INIT, EXCHG, MISC**

(5) Total deductions	7e(5)	10776797
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	50432069
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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 organizations(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 line 9c(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, line 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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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)

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 15	NONE	49617	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	47256	Yes ☐ No ☒	Yes ☐ No ☐		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	8750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AQR INTERNATIONAL FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-125</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16012392</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRYDEN S&P 500 INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-123</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16357845</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KENNEDY CAPITAL FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-257</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12093990</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LSV ASSEST MANAGEMENT FUND</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-318</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9082152</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2010</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-588</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9441266</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2020</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-589</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44991682</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANNING & NAPIER TARGET 2030</u>				
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INSURANCE</u>				
c EIN-PN <u>06-1050034-590</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24440857</u>		

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) 9375985
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a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER TARGET 2050**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

c EIN-PN 06-1050034-743	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3252012
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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) 1998368
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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) 17239143
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL ALL CAP INDEX FUND**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) 1800024
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u>		
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	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)	440038	566912
	(3) Other.....	1b(3)	54	1297
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	774172	1020026
	(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)	8123383	9663353
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	127920321	166085716
	(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)	29776039	36959359
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	44746361	50432069
	(15) Other	1c(15)	625006	706648

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	212405374	265435380

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	29922	63709
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	29922	63709

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	212375452	265371671
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2897394	
(B) Participants	2a(1)(B)	34575584	
(C) Others (including rollovers)	2a(1)(C)	2041867	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		39514845
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)	355633	
(F) Other	2b(1)(F)	1156724	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1512357
(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)	1468018	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1468018
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	50208	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		50208

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		19443898
(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)		3359162
c Other income.....	2c		269779
d Total income. Add all income amounts in column (b) and enter total.....	2d		65618267

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12400099	
(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)		12400099
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)	56006	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	165943	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		221949
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12622048

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		52996219
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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		76107
4b		X	

	Yes	No	Amount
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.)		X	
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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
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.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>23</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
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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. 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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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, 2012 AND 2011

I.A.M. NATIONAL PENSION FUND,

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

REPORT

DECEMBER 31, 2012 AND 2011

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Independent Auditor's Report

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

We have audited the accompanying financial statements of the I.A.M. National Pension Fund, I.A.M. National 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2012 and 2011, and the changes in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held for Investment Purposes as of December 31, 2012 is presented for the purpose of additional analysis and is not a required part of the 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Salter & Company, LLC

Bethesda, Maryland
August 23, 2013

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2012 AND 2011

	December 31,	
	<u>2012</u>	<u>2011</u>
<u>ASSETS</u>		
<u>Investments - At Fair Value</u>		
Mutual funds	\$ 36,959,359	\$ 29,776,039
Group annuity accounts	50,432,069	44,746,361
Pooled separate accounts	166,085,716	127,920,321
Self-managed accounts	706,648	625,006
	<u>254,183,792</u>	<u>203,067,727</u>
<u>Receivables</u>		
Participant contributions	566,912	440,038
Notes receivable from participants	9,663,353	8,123,383
	<u>10,230,265</u>	<u>8,563,421</u>
<u>Other Assets</u>		
Cash	1,020,026	774,172
Due from I.A.M. National Pension Fund, National Pension Plan	1,297	54
	<u>1,021,323</u>	<u>774,226</u>
<u>TOTAL ASSETS</u>	<u>\$ 265,435,380</u>	<u>\$ 212,405,374</u>
<u>LIABILITIES</u>		
Due to I.A.M. National Pension Fund, National Pension Plan	\$ <u>63,709</u>	\$ <u>29,922</u>
<u>TOTAL LIABILITIES</u>	<u>\$ 63,709</u>	<u>\$ 29,922</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 265,371,671</u>	<u>\$ 212,375,452</u>

See accompanying notes to the financial statements.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2012 AND 2011

	Year Ended December 31,	
	<u>2012</u>	<u>2011</u>
<u>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</u>		
<u>Investments</u>		
Net appreciation (depreciation) in fair value of investments	\$ 22,853,267	\$ (4,117,306)
Interest and dividends	2,624,742	1,458,840
	<u>25,478,009</u>	<u>(2,658,466)</u>
Interest on notes receivable from participants	<u>355,633</u>	<u>309,817</u>
<u>Contributions</u>		
Employers	2,897,394	2,346,350
Participants	34,575,584	32,368,912
Rollovers and Transfers	2,041,867	14,493,679
	<u>39,514,845</u>	<u>49,208,941</u>
<u>Other</u>		
Administrative assessments	<u>269,780</u>	<u>206,092</u>
<u>TOTAL ADDITIONS</u>	<u>\$ 65,618,267</u>	<u>\$ 47,066,384</u>
<u>DEDUCTIONS TO NET ASSETS ATTRIBUTED TO:</u>		
Participant distributions	\$ 5,342,537	\$ 4,018,155
Rollover distributions	7,057,562	5,911,121
Administrative expenses	<u>221,949</u>	<u>171,560</u>
<u>TOTAL DEDUCTIONS</u>	<u>\$ 12,622,048</u>	<u>\$ 10,100,836</u>
<u>NET INCREASE (DECREASE)</u>	<u>\$ 52,996,219</u>	<u>\$ 36,965,548</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of Year	<u>212,375,452</u>	<u>175,409,904</u>
End of Year	<u>\$ 265,371,671</u>	<u>\$ 212,375,452</u>

See accompanying notes to the 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. Additionally Employers may elect to participate and make contributions on the participants behalf.

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 by 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.

Investment Valuation and Income Recognition - 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. 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.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure 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 August 23, 2013, which is the date the financial statements were available to be issued.

NOTE 3. PRIORITIES UPON TERMINATION

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

NOTE 4. INVESTMENTS

The following table presents investments that represent 5 percent or more of the Plan's net assets.

	December 31,	
	2012	2011
<u>Mutual Funds</u>		
American Funds Growth Fund of America	\$ 13,698,088	\$ -
<u>Group Annuity Contracts</u>		
Guaranteed Income Fund	50,432,069	44,746,361
<u>Pooled separate accounts</u>		
Dryden S&P 500 Index Fund	16,357,845	13,813,738
AQR International Fund	16,012,392	12,582,847
Kennedy Capital Fund	-	-
Manning & Napier Retirement Target 2020	44,991,682	34,282,650
Manning & Napier Retirement Target 2030	24,440,857	17,657,437
Munder Capital Fund	-	-
PIMCO Fund	17,239,143	13,045,306

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

During the years ended December 31, 2012 and 2011 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 \$22,853,267 and \$(4,117,306) respectively, as follows:

	Year Ended December 31,	
	2012	2011
<u>Appreciation (depreciation) of:</u>		
Mutual funds	\$ 3,359,161	\$ (1,078,425)
Pooled separate accounts	19,443,898	(3,052,013)
Self-managed accounts	50,208	13,132
	<u>\$ 22,853,267</u>	<u>\$ (4,117,306)</u>
<u>Total appreciation (depreciation) of investments:</u>		
	<u>\$ 22,853,267</u>	<u>\$ (4,117,306)</u>

NOTE 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2012 and 2011.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Group annuity contract: The Guaranteed Income Fund is a benefit responsive group annuity contract, issued by the Prudential Retirement Insurance and Annuity Company (PRIAC), which is record-kept at book value which approximates fair value.

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.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2012 and 2011:

<u>Assets at Fair Value as of December 31, 2012</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Mutual funds</u>				
Growth funds	\$ 26,977,552	\$ -	\$ -	\$ 26,977,552
Value funds	3,338,231	-	-	3,338,231
Blend funds	2,037,766	-	-	2,037,766
Inflation-Protected funds	4,605,810	-	-	4,605,810
Total mutual funds	<u>36,959,359</u>	<u>-</u>	<u>-</u>	<u>36,959,359</u>
<u>Pooled separate accounts</u>				
Specialty funds	-	93,500,170	-	93,500,170
Value funds	-	21,176,142	-	21,176,142
Blend funds	-	34,170,261	-	34,170,261
Fixed income funds	-	17,239,143	-	17,239,143
Total pooled separate accounts	<u>-</u>	<u>166,085,716</u>	<u>-</u>	<u>166,085,716</u>
Group annuity accounts	-	50,432,069	-	50,432,069
Self-managed accounts	706,648	-	-	706,648
Total assets at fair value	<u>\$ 37,666,007</u>	<u>\$ 216,517,785</u>	<u>\$ -</u>	<u>\$ 254,183,792</u>

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

<u>Assets at Fair Value as of December 31, 2011</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Mutual funds</u>				
Growth funds	\$ 21,638,723	\$ -	\$ -	\$ 21,638,723
Value funds	2,762,655	-	-	2,762,655
Blend funds	1,753,492	-	-	1,753,492
Inflation-Protected funds	3,621,169	-	-	3,621,169
Total mutual funds	<u>29,776,039</u>	<u>-</u>	<u>-</u>	<u>29,776,039</u>
<u>Pooled separate accounts</u>				
Specialty funds	-	70,686,148	-	70,686,148
Value funds	-	16,424,520	-	16,424,520
Blend funds	-	27,764,347	-	27,764,347
Fixed income funds	-	13,045,306	-	13,045,306
Total pooled separate accounts	<u>-</u>	<u>127,920,321</u>	<u>-</u>	<u>127,920,321</u>
Group annuity accounts	-	44,746,361	-	44,746,361
Self-managed accounts	625,006	-	-	625,006
Total assets at fair value	<u>\$ 30,401,045</u>	<u>\$ 172,666,682</u>	<u>\$ -</u>	<u>\$ 203,067,727</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2012, there were no significant transfers in or out of levels 1, 2, or 3.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANNOTES TO THE FINANCIAL STATEMENTS**NOTE 5. FAIR VALUE MEASUREMENTS (continued)****Fair Value of Investments that Calculate Net Asset Value**

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2012 and 2011, respectively.

<u>December 31, 2012</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
<u>Pooled separate accounts</u>				
Specialty funds	\$ 93,500,170	na	daily	1 day
Value funds	21,176,142	na	daily	1 day
Blend funds	34,170,261	na	daily	1 day
Fixed income funds	17,239,143	na	daily	1 day
 <u>December 31, 2011</u>	 <u>Fair Value</u>	 <u>Unfunded Commitments</u>	 <u>Redemption Frequency</u>	 <u>Redemption Notice Period</u>
<u>Pooled separate accounts</u>				
Specialty funds	\$ 70,686,148	na	daily	1 day
Value funds	16,424,520	na	daily	1 day
Blend funds	27,764,347	na	daily	1 day
Fixed income funds	13,045,306	na	daily	1 day

Pooled Separate Accounts are comprised of shares or units in commingled funds that are not publicly traded. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their Net Asset Values calculated by Prudential Retirement Insurance and Annuity Company and have daily liquidity.

NOTE 6. TAX STATUS

The plan obtained its latest determination letter on December 3, 2012, 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.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7. RELATED PARTY TRANSACTIONS

During the years ended December 31, 2012 and 2011 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, 2012 and 2011 the amount of office expenses incurred by the Plan was \$176,812 and \$100,000, respectively, which is included in administrative expenses in the statement of changes in net assets available for benefits. The balance payable at December 31, 2012 and 2011 was \$63,709 and \$29,922, 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.

NOTE 9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments held during 2012 and 2011 are sponsored by Prudential Retirement Insurance and Annuity Company, the Plan's third-party administrator and custodian. As such, these transactions qualify as party-in-interest transactions.

NOTE 10. GUARANTEED INCOME FUND

The Plan participates in a benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company (PRIAC). PRIAC maintains the contributions in a general account. There are not any specific securities in the general account that back the liabilities of this annuity contract, and there are not any known cash flows that can be discounted. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. PRIAC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the Guaranteed Income Fund is fully benefit responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The Guaranteed Income Fund is presented on the face of the statement of net assets available for benefits at contract value that approximates fair value. Contract value, as reported to the Plan by PRIAC, represents contributions made under the contract, plus earnings at guaranteed crediting rates, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10. GUARANTEED INCOME FUND (continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2012 and 2011 is \$50,432,069 and \$44,746,361. The crediting interest rate is established without the use of a specific formula, but it may not be less than 1.5%. Such interest rates are reviewed on a semiannual basis for resetting. The average yield earned and credited by the Plan for 2012 and 2011 is 2.40% and 2.90%.

Generally, there are not any events that could limit the ability of the Plan to transact at contract value with the issuer. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The concept of a value other than contract value does not apply to this insurance company issued general account backed (no maturity date) group annuity spread product even upon a discontinuance of the contract in which case contract value would be paid no later than 90 days from the date the sponsor provides notice to discontinue.

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSESAS OF DECEMBER 31, 2012

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)
		Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		
Mutual funds							
	American Funds Growth Fund of America	Reg. Inv. Co.	N/A	N/A	401,350	\$ 12,044,358	\$ 13,698,088
	Goldman Sachs Mid Cap Value Fund A	Reg. Inv. Co.	N/A	N/A	85,530	2,839,644	3,338,231
	Munder Mid Cap Core Growth A	Reg. Inv. Co.	N/A	N/A	181,607	4,918,033	5,800,537
	Nuveen Small Cap Select A	Reg. Inv. Co.	N/A	N/A	628,481	7,550,100	7,478,927
	SSgA IAM Shares	Reg. Inv. Co.	N/A	N/A	185,758	1,827,543	2,037,766
	Vanguard Inflation Protected Sec	Reg. Inv. Co.	N/A	N/A	316,989	4,557,913	4,605,810
	Total mutual funds					33,737,591	36,959,359
Group annuity accounts							
*	Guaranteed Income Fund	GAC	N/A	N/A	1,699,781	50,432,069	50,432,069
Pooled separate accounts							
*	AQR International Fund	PSA	N/A	N/A	1,005,967	15,630,626	16,012,392
*	Dryden S&P 500 Index Fund	PSA	N/A	N/A	173,054	13,839,302	16,357,845
*	Kennedy Capital Fund	PSA	N/A	N/A	561,957	9,625,773	12,093,990
*	LSV Asset Management Fund	PSA	N/A	N/A	456,571	7,685,374	9,082,152
*	Manning & Napier Retirement Target 2010	PSA	N/A	N/A	806,083	8,146,213	9,441,266
*	Manning & Napier Retirement Target 2020	PSA	N/A	N/A	3,913,674	38,597,563	44,991,682
*	Manning & Napier Retirement Target 2030	PSA	N/A	N/A	2,231,700	21,106,405	24,440,857
*	Manning & Napier Retirement Target 2040	PSA	N/A	N/A	904,685	8,336,130	9,375,985
*	Manning & Napier Retirement Target 2050	PSA	N/A	N/A	306,507	3,106,210	3,252,012
*	Manning & Napier Retirement Target Income	PSA	N/A	N/A	156,773	1,760,165	1,998,368
*	PIMCO Fund	PSA	N/A	N/A	903,457	15,126,768	17,239,143
*	SSgA Russell All Cap Index Fund	PSA	N/A	N/A	60,369	1,500,535	1,800,024
	Total pooled separate accounts					144,461,064	166,085,716
Self-managed accounts							
		N/A	N/A	N/A	N/A	706,648	706,648
Total assets held for investment purposes						\$ 229,337,372	\$ 254,183,792

* party-in-interest

I.A.M. NATIONAL PENSION FUND, I.A.M. NATIONAL 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSESAS OF DECEMBER 31, 2012

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)
		Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		
Mutual funds							
	American Funds Growth Fund of America	Reg. Inv. Co.	N/A	N/A	401,350	\$ 12,044,358	\$ 13,698,088
	Goldman Sachs Mid Cap Value Fund A	Reg. Inv. Co.	N/A	N/A	85,530	2,839,644	3,338,231
	Munder Mid Cap Core Growth A	Reg. Inv. Co.	N/A	N/A	181,607	4,918,033	5,800,537
	Nuveen Small Cap Select A	Reg. Inv. Co.	N/A	N/A	628,481	7,550,100	7,478,927
	SSgA IAM Shares	Reg. Inv. Co.	N/A	N/A	185,758	1,827,543	2,037,766
	Vanguard Inflation Protected Sec	Reg. Inv. Co.	N/A	N/A	316,989	4,557,913	4,605,810
	Total mutual funds					33,737,591	36,959,359
Group annuity accounts							
*	Guaranteed Income Fund	GAC	N/A	N/A	1,699,781	50,432,069	50,432,069
Pooled separate accounts							
*	AQR International Fund	PSA	N/A	N/A	1,005,967	15,630,626	16,012,392
*	Dryden S&P 500 Index Fund	PSA	N/A	N/A	173,054	13,839,302	16,357,845
*	Kennedy Capital Fund	PSA	N/A	N/A	561,957	9,625,773	12,093,990
*	LSV Asset Management Fund	PSA	N/A	N/A	456,571	7,685,374	9,082,152
*	Manning & Napier Retirement Target 2010	PSA	N/A	N/A	806,083	8,146,213	9,441,266
*	Manning & Napier Retirement Target 2020	PSA	N/A	N/A	3,913,674	38,597,563	44,991,682
*	Manning & Napier Retirement Target 2030	PSA	N/A	N/A	2,231,700	21,106,405	24,440,857
*	Manning & Napier Retirement Target 2040	PSA	N/A	N/A	904,685	8,336,130	9,375,985
*	Manning & Napier Retirement Target 2050	PSA	N/A	N/A	306,507	3,106,210	3,252,012
*	Manning & Napier Retirement Target Income	PSA	N/A	N/A	156,773	1,760,165	1,998,368
*	PIMCO Fund	PSA	N/A	N/A	903,457	15,126,768	17,239,143
*	SSgA Russell All Cap Index Fund	PSA	N/A	N/A	60,369	1,500,535	1,800,024
	Total pooled separate accounts					144,461,064	166,085,716
Self-managed accounts							
		N/A	N/A	N/A	N/A	706,648	706,648
Total assets held for investment purposes						\$ 229,337,372	\$ 254,183,792

* party-in-interest

Salter & Company, LLC

Certified Public Accountants

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

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

INDEPENDENT AUDITORS' REPORT ON INFORMATION ACCOMPANYING THE
BASIC FINANCIAL STATEMENTS

DECEMBER 31, 2012

Our Audit was made for the purpose of forming an opinion on the Financial Statements taken as a whole. The Supplemental Schedule of Delinquent Participant Contributions are presented for purposes of complying with the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Salter & Company, LLC

August 23, 2013

I.A.M. National 401(k) Plan
51-6031295, Plan 003
12/31/12 Form 5500
Attachment

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$76,107.33	\$76,107.33	-	-	-

ER Code	Company Name Address & EIN	EIN #	Date 401k contributions withheld	Date 401k contribution payment received	Total 401k RR contributions
AB23	Allstate Sales Corp 500 Ford Road St. Louis Park, MN 55426	41-0973603	5/5/12, 6/30/12, 8/11/12	5/12/12, 7/25/12, 8/29/12	4,637.94
AB54	Aljon Tool, Inc 15700 28th Ave North Plymouth, MN 55447	41-0887165	9/8/12	10/15/12	49.69
AK03	Bob Allen Ford Inc 9239 Metcalf Overland Park, KS 66212	48-1023645	2/11/12	2/27/12	264.77
AK04	Bob Allen Ford Inc 9239 Metcalf Overland Park, KS 66212	48-1023645	2/11/12	2/27/12	45.82
B02A	Barclay Brand 2401 South Clinton Ave South Plainfield, NJ 07080	22-3414541	1/22/12	2/10/12	81.11
B79A	Britton Services, Inc 1800 West Chrysler Dr Belvidere, IL 61008	36-3774107	3/18/12, 10/7/12	3/30/2012, 10/22/12	684.24
B81A	BSA/LB & B Joint Venture (drivers) 4600 Debarr Road Anchorage, AK 99508	20-1661351	9/15/12	10/11/12	162.81
B82A	BSA/LB & B Joint Venture (Carpenters) 4600 Debarr Road Anchorage, AK 99508	20-1661351	10/15/12	11/28/12	469.42
B94A	Barclay Brand 2401 South Clinton Ave South Plainfield, NJ 07080	22-3414541	1/22/12	2/10/12	237.64
B96A	Barclay Brand 2401 South Clinton Ave South Plainfield, NJ 07080	22-3414541	1/22/12	2/10/12	22.48

ER Code	Company Name Address & EIN	EIN #	Date 401k contributions withheld	Date 401k contribution payment received	Total 401k RR contributions
BK01	Keystone Nissan 6819 Johnson Dr Mission, KS 66202	48-1196352	1/18/12, 2/22/12, 4/4/12	2/7/12, 3/8/12, 4/18/12	575.34
BK02	Keystone Nissan 6819 Johnson Dr Mission, KS 66202	48-1196352	1/18/12, 2/22/12, 4/4/12	2/7/12, 3/8/12, 4/18/12	72.37
BZ52	Ganley Ford West 16100 Lorain Ave Cleveland, OH 44111	34-1344161	1/9/12, 3/2/12, 5/11/12, 6/29/12, 7/6/12, 7/13/12, 7/29/12, 8/3/12, 8/10/12, 8/31/12, 10/12/12, 11/28/12, 12/5/12, 12/12/12	2/17/12, 3/19/12, 5/29/12, 7/30/12, 9/4/12, 9/21/12, 11/14/12, 12/11/12, 12/27/12	955.52
C06B	Chugah Support Serives Inc 119 Albama Ave Tyndall AFB, FL 32403	92-0156802	11/16/12, 11/30/12	12/6/12, 12/19/12	6,547.36
C34B	Core, LLC 10059 North Reiger Rd Baton Rouge, LA 70809	72-1392118	11/16/12, 11/23/12, 11/30/12	12/13/12	2,831.21
CK01	Cable-Dahamer Chevrolet 1834 S Noland Rd Independence, MO 64055	44-0607435	7/31/12	8/21/12	621.74
CK02	Cable-Dahamer Chevrolet 1834 S Noland Rd Independence, MO 64055	44-0607435	7/31/12	8/21/12	142.40
CK03	Van Chevrolet Cadillac Subaru 100 NW Vivon Rd Kansas City, MO 64118	44-0645475	1/7/12	1/30/12	135.00
CK04	Van Chevrolet Cadillac Subaru 100 NW Vivon Rd Kansas City, MO 64118	44-0645475	1/7/12	1/30/12	358.20
CK05	Gary Crossley Ford Inc 8050 N. Church Rd Kansas City, MO 64158	44-0607435	9/21/12, 12/7/12	10/12/12, 12/19/12	1,854.26
CK06	Gary Crossley Ford Inc 8050 N. Church Rd Kansas City, MO 64158	44-0607435	9/21/12, 12/7/12	10/12/12, 12/19/12	1,053.48
D053	DISTRICT LODGE 26 365 New Britian Rd Kensington, CT 06037	02-0599079	1/15/12, 2/19/12	2/6/12, 3/6/12	900.00
D057	IAM District 65 257 Elmwood Ave Buffalo, NY 14222	16-0429645	1/13/12	1/23/12	466.11

ER Code	Company Name Address & EIN	EIN #	Date 401k contributions withheld	Date 401k contribution payment received	Total 401k RR contributions
D26A	IAM District 15 652 4th Ave 1st Floor Brooklyn, NY 11232	13-5157707	1/5/11, 1/12/11, 1/19/11, 1/26/11, 2/2/11, 2/9/11, 2/16/11, 2/23/11, 3/2/11, 3/9/11, 3/16/11, 3/23/11, 3/30/11, 4/6/11, 4/13/11, 4/20/11, 4/27/11, 5/4/11, 5/11/11, 5/18/11, 5/25/11, 6/1/11, 6/8/11, 6/15/11, 6/22/11, 6/29/11, 7/6/11, 7/13/11, 7/20/11, 7/27/11, 8/3/11, 8/10/11, 8/17/11, 8/24/11, 8/31/11, 9/7/12, 9/9/11, 9/21/11, 9/28/11, 10/5/11, 10/12/11, 10/19/11	2/2/12, 9/24/12	16,338.42
D27C	District Lodge 0947 535 Willow Street Long Beach, CA 90806	52-1597968	4/28/12	5/17/12	497.09
D35A	District Lodge 0947 535 Willow Street Long Beach, CA 90806	52-1597968	4/28/12	5/17/12	205.38
D80A	District Lodge 00004 IAM 698 Lisbon Street Lisbon, ME 04252	52-1597968	12/30/11, 1/27/12, 2/10/12, 2/24/12, 3/9/12, 3/23/12, 4/6/12, 4/30/12, 5/4/12, 6/15/12, 7/27/12, 8/10/12, 8/24/12, 9/7/12, 11/16/12, 12/7/12	1/23/12, 2/15/12, 3/5/12, 3/19/12, 3/29/12, 4/16/12, 5/1/12, 5/9/12, 5/29/12, 7/5/12, 8/20/12, 9/5/12, 9/14/12, 9/26/12, 12/14/12, 12/28/12	2,784.50
D83B	Distict 15 Central Acct 652 4th Ave 1st Floor Brooklyn, NY 11232	13-5157707	9/7/12	9/24/12	16.29
D94A	District Lodge 00060 IAM 9315 MIDDLEBELT ROAD ROMULUS, MI 48174	38-1097187	12/28/12	1/10/13	275.74
DZ68	District Lodge 00075 IAM 502 Plaza Drive Enterprise, AL 36330	63-0452721	9/23/12, 10/21/12	10/9/12, 11/19/12	179.18
E67A	Elkhart Brass MFG 1302 W Beardsley Elkhart, IN 46514	35-0290540	6/2/12	6/22/12	1,508.78
G60A	Greyhound Lines Inc 350 North St Paul Street Dallas, TX 75201	86-0572343	12/28/12	1/10/13	1,982.50
G67A	Greyhound Lines Inc 350 North St Paul Street Dallas, TX 75201	86-0572343	12/28/12	1/10/13	8,555.15
GZ94	Bob Gillingham Ford Inc 8383 Brookpark Rd Parma, OH 44129	34-0813917	8/11/12	8/30/12	30.29
H064	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518618	7/1/12	7/20/12	306.25
H098	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518619	7/1/12	7/20/12	118.62

ER Code	Company Name Address & EIN	EIN #	Date 401k contributions withheld	Date 401k contribution payment received	Total 401k RR contributions
HB03	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518620	7/1/12	7/20/12	547.49
HB06	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518621	7/1/12	7/20/12	175.69
J27A	Jacobs Technology Inc 600 William Northern Blvd Tullahoma, TN 37388	62-0510412	9/14/12	10/4/12	4,132.23
KK01	Broome Oldsmobile Inc 11911 E 40 Highway Independence, MO 64055	44-0594343	2/15/12, 7/11/12	3/2/12, 7/30/12	110.53
L02B	Local Lodge 701 500 West Plainfield Rd Countryside, IL 60525	36-0759680	1/23/11	2/21/12	788.25
L22B	Listerhill Total Maintenance Center PO Box 4199 Muscle Shoals, AL 35662	20-0267941	1/22/12, 4/1/12, 10/28/12	2/10/12, 4/18/12, 11/14/12	1,976.00
L99A	Local Lodge 701 500 West Plainfield Rd Countryside, IL 60525	36-0759680	1/23/11	2/21/12	70.98
MK03	Metro Ford 2860 S Noland Rd Independence, MO 64055	43-1555953	5/5/12	5/18/12	59.64
MK04	Metro Ford 2860 S Noland Rd Independence, MO 64055	43-1555953	5/5/12	5/18/12	37.04
MZ84	Marshall Ford 6200 Mayfield Rd Mayfield Heights, OH 44124	34-1495584	6/2/12	6/21/12	270.27
N63A	National Federation of Fed 805 15th St NW, #500 Washington, DC 20005	53-0115360	9/22/12	10/17/12	635.99
N64A	National Federation of Fed 805 15th St NW, #500 Washington, DC 20005	53-0115360	9/22/12, 10/20/12	10/17/12, 11/20/12	3,320.22
P16A	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518620	7/1/12	7/20/12	2,878.97
P64A	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518620	7/1/12	7/20/12	60.14

ER Code	Company Name Address & EIN	EIN #	Date 401k contributions withheld	Date 401k contribution payment received	Total 401k RR contributions
P67A	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518620	7/1/12	7/20/12	369.22
P68A	Penske Truck Leasing Route 10 Green Hills PO Box 563 Reading, PA 19603	23-2518620	7/1/12	7/20/12	23.39
PA40	Pacifico Ford Inc 6701 Essington Ave Philadelphia, PA 19153	23-1433366	10/28/12, 12/7/12	12/19/12	956.85
R47A	Rigging Intl PO BOX 1285 1210 Marina Village Parkway Alameda, CA 94501	94-1691525	12/14/12	12/31/12	48.47
R51A	Runnion Equipment Co 7950 W 47th Street Lyons, IL 60534	36-2825271	12/31/11	1/19/12	372.26
RA46	Earthgains Baking Co Inc PO Box 2504 Maryland Heights, MO 63043	36-3201045	9/22/12	10/12/12	35.00
S27B	Smith Research Crop (SRC) 4811 Harding Blvd Baton Rouge, LA 70811	72-1260218	1/27/12, 2/10/12	2/21/12, 3/6/12	1,979.56
S40B	Savannah River Nuclear Solutions LLC Building 704-N Room 98 Savannah River Site Aiken, SC 29808	26-0240191	5/27/12	6/14/12	12.56
SY01	SIFCO Industries 970 East 64th Street Cleveland, OH 44103	34-0553950	12/3/11, 12/10/11, 12/17/11, 12/24/11, 1/2/12, 1/7/12, 1/14/12, 1/21/12, 1/28/12, 6/24/12, 7/15/12, 8/26/12, 12/20/12	2/14/12, 7/11/12, 8/1/12, 9/12/12, 1/7/13	879.34
WZ84	Williams Form Engineering 8165 Graphic Drive NE Belmont, MI 49306-9448	38-1175280	5/26/12	6/12/12	58.17
WZ92	Ganley Chevy Inc 15315 Lorain Ave Cleveland, OH 44111	34-1894824	3/17/12, 5/12/12, 7/28/12, 8/18/12, 8/25/12	4/2/12, 5/29/12, 8/13/12, 9/11/12	341.97
					\$ 76,107.33

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

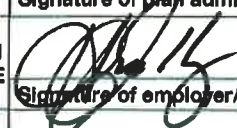
This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510 - 0110
1510 - 0089**2012****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **12/31/2012**

- 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, include room or suite number (employer, if for a single-employer plan)**BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN****2b** Employer Identification Number (EIN)
51-6031295**2c** Sponsor's telephone number
202-785-2658**2d** Business code (see instructions)
333510**1300 CONNECTICUT AVENUE, N.W.****SUITE 300****WASHINGTON****DC 20036****Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

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

SIGN HERE		10/14/13	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/13	
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)
SALTER & COMPANY, LLC 4600 EAST WEST HIGHWAY, SUITE 300 BETHESDA MA 20814			3018307400

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

Form 5500 (2012)
v. 120126

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5	23010
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	22943
b Retired or separated participants receiving benefits	6b	5
c Other retired or separated participants entitled to future benefits	6c	1287
d Subtotal. Add lines 6a , 6b , and 6c	6d	24235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	24235
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	15488
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	220
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics 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 Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)