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).

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

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [X] 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;
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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

1300 CONNECTICUT AVENUE, NW, SUITE
WASHINGTON, DC 20036

2b Employer Identification Number (EIN)
51-6031295

2c Sponsor's telephone number
202-785-2658

2d Business code (see instructions)
333510

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

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

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

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

CALIBRE CPA GROUP PLLC

7501 WISCONSIN AVENUE, SUITE 1200
BETHESDA, MD 20814

Preparer's telephone number (optional)
202-331-9880

3a Plan administrator's name and address [X] 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**	24235
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**	21169
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	1586
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	22758
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	22758
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	16384
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**	248

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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.

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	16384	01/01/2013	12/31/2013

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	

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	(c) Amount	**(d)** Purpose	

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(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	56264232
5	Current value of plan's interest under this contract in separate accounts at year end	5	217508269

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.	6d	

Specify nature of costs ▶

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

b	Balance at the end of the previous year			7b	50432069
c	Additions: (1) Contributions deposited during the year	7c(1)	5953433		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1108058		
	(4) Transferred from separate account	7c(4)	8438629		
	(5) Other (specify below)	7c(5)	4443770		
	▶ LOAN PAYS, TRANSFERS AND ROLLOVERS				
	(6)Total additions			7c(6)	19943890
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	70375959
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4337799		
	(2) Administration charge made by carrier	7e(2)	5497		
	(3) Transferred to separate account	7e(3)	5898399		
	(4) Other (specify below)	7e(4)	3870032		
	▶ LOAN INITATIIONS, TRANSFERS & MISC.				
	(5) Total deductions			7e(5)	14111727
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	56264232

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a 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)

SLEVIN & HART, P.C.

52-1708613

(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 50	NONE	44183	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE PRUDENTIAL INS CO OF AMERICA

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?
15 63 68 53 50	RECORDKEEPER	36436	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	32615	Yes [ ] No [X]	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)

SALTER & COMPANY LLC

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 50	NONE	8500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

O'DONOGHUE & O'DONOGHUE

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 50	NONE	7770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL INV. MGMT SVC LLC

13-4122960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68 63	NONE	3391	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PRUDENTIAL INV. MGMT SVC LLC	63	10

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES 04-3523567	FEE REBATE SCHEDULE: FIRST 500 MILLION - 15BPS; $500MM TO 1B - 16BPS; $1B AND ABOVE - 17BPS

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
I.A.M. NATIONAL 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN

D Employer Identification Number (EIN)
51-6031295

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AQR INTERNATIONAL FUNDS

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-125	P	21131439

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/PIMCO FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-299	P	17152578

a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-123	P	22622306

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP VALUE/LSV ASSET MANAGEMEN

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-318	P	14073622

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-588	P	9911088

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-589	P	55059150

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

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)
06-1050034-590	P	33148484

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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) 14262351

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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) 6236388

a Name of MTIA, CCT, PSA, or 103-12 IE: MANNING & NAPIER RETIREMENT TARGET

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) 2312649

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE/KENNEDY CAP FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE

c EIN-PN 06-1050034-257	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18627997

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) 2970217

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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)

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
I.A.M. NATIONAL 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE I.A.M. NATIONAL 401K PLAN

D Employer Identification Number (EIN)
51-6031295

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		941727
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	566912	570829
(3) Other	1b(3)	1297	467
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	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)	9663353	11879926
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	166085716	217508269
(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)	36959359	48178382
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	50432069	56264232
(15) Other	1c(15)	706648	818247

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	265435380	336162079
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	63709	117489
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	63709	117489
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	265371671	336044590

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)	1989630	
(B) Participants	2a(1)(B)	38376942	
(C) Others (including rollovers)	2a(1)(C)	860629	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41227201
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)	420484	
(F) Other	2b(1)(F)	1108058	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1528542
(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)	180213	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		180213
(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)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		35289656
(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)		10590236
c Other income	2c		431805
d Total income. Add all **income** amounts in column (b) and enter total	2d		89247653
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18127519	
(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)		18127519
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)	97581	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	349634	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		447215
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18574734
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		70672919
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) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		417542
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.)	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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 Distributions

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-1211670

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** 16

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

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

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

6 a Enter the minimum required contribution for this plan year (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

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**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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):

CALIBRE
CPA GROUP
Bethesda, MD

REPORT OF INDEPENDENT AUDITORS

To the Trustees of
IAM National 401(k) Plan

We have audited the accompanying financial statements of the IAM National 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2013, and the related statement of changes in net assets available for plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

The Plan's 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 audit. We conducted our audit 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.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the net assets available for plan benefits of the Plan as of December 31, 2013, and changes in net assets available for plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by predecessor auditors. Their report, dated August 23, 2013, expressed an unmodified opinion on these statements.

Other Matter – Supplemental Schedules

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets held for investment purposes and schedule of delinquent participant contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 audit 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.

Calibre CPA Group, PLLC

Bethesda, MD
October 14, 2014

IAM National 401(k) Plan

Statements of Net Assets Available for Plan Benefits

December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value:		
Mutual funds	$ 48,178,382	$ 36,959,359
Group annuity account	56,264,232	50,432,069
Pooled separate accounts	217,508,269	166,085,716
Self-managed account	818,247	706,648
Total investments	322,769,130	254,183,792
Receivables		
Participants contributions	570,829	566,912
Notes receivable from participants	11,879,926	9,663,353
	12,450,755	10,230,265
Other		
Cash	941,727	1,020,026
Due from IAM National Pension Fund, National Pension Plan	467	1,297
	942,194	1,021,323
Total assets	336,162,079	265,435,380
Liabilities		
Due to IAM National Pension Fund, National Pension Plan	117,489	63,709
Net assets available for plan benefits	$ 336,044,590	$ 265,371,671

See accompanying notes to financial statements.

IAM National 401(k) Plan

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2013 and 2012

	2013	2012
Additions		
Investment income		
Net appreciation in fair value of investments	$ 45,973,924	$ 22,853,267
Interest and dividends	1,293,273	2,624,742
Total investment income	47,267,197	25,478,009
Interest on notes receivable from participants	420,484	355,633
Contributions		
Employer	1,989,630	1,766,254
Participants	38,376,942	35,706,724
Rollovers and transfers	860,629	2,041,867
Total contributions	41,227,201	39,514,845
Other		
Administrative assessments	332,771	269,780
Total additions	89,247,653	65,618,267
Deductions		
Participants distributions	7,527,651	5,342,537
Rollover distributions	10,599,868	7,057,562
Administrative expenses	447,215	221,949
Total deductions	18,574,734	12,622,048
Net increase	70,672,919	52,996,219
Net assets available for plan benefits		
Beginning of year	265,371,671	212,375,452
End of year	$ 336,044,590	$ 265,371,671

See accompanying notes to financial statements.

IAM NATIONAL 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the IAM 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.

Participants must evaluate their own investment goals and choose the investment options best suited to achieve those goals and objectives. Investment performance by the investments selected by the participants may cause their balances to exceed or be less than the amounts contributed to the Plan.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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. Loans must be repaid within five years, except those loans for the purchase of principal residence which is over 10 years. The participant will be charged an application fee and interest on the loan at the prime lending rate plus 1%, which was 3.25% as of December 31, 2013 and 2012.

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.

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.

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 in the prior year financial statements in order to conform to current year presentation.

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,	
	2013	2012
Mutual funds		
American Funds Growth Fund of America	$ 19,422,847	$ 13,698,088
Group annuity account		
Guaranteed Income Fund	56,264,232	50,432,069
Pooled separate accounts		
Dryden S&P 500 Index Fund	22,622,306	16,357,845
AQR International Fund	21,131,439	16,012,392
Manning & Napier Retirmeent Target 2020	55,059,151	44,991,682
Manning & Napier Retirmeent Target 2030	33,148,484	24,440,857
PIMCO Fund	17,152,578	17,239,143
Kennedy Capital Fund	18,627,997	12,093,990

NOTE 4. INVESTMENTS (CONTINUED)

During the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $45,973,924 and $22,853,267 respectively, as follows:

	December 31,	
	2013	2012
Appreciation of		
Mutual funds	$ 10,590,236	$ 3,359,161
Pooled separate accounts	35,284,654	19,443,898
Self-managed account	99,034	50,208
Total appreciation of investments	$ 45,973,924	$ 22,853,267

NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards for measuring fair value provide 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 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.

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, 2013 and 2012.

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 account: The Guaranteed Income Fund is a benefit responsive group annuity contract, issued by the Prudential Retirement Insurance and Annuity Company (PRIAC), which is recorded 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, 2013 and 2012:

	Assets at Fair Value as of December 31, 2013			
	Total	Level 1	Level 2	Level 3
Mutual funds				
Growth funds	$ 37,755,777	$ 37,755,777	$ -	$ -
Value funds	5,250,384	5,250,384	-	-
Blend funds	2,743,665	2,743,665	-	-
Inflation-protection funds	2,428,556	2,428,556	-	-
Total mutual funds	48,178,382	48,178,382	-	-
Pooled separate accounts				
Speciality funds	120,930,111	-	120,930,111	-
Value funds	32,701,618	-	32,701,618	-
Blend funds	46,723,962	-	46,723,962	-
Fixed income funds	17,152,578	-	17,152,578	-
Total pooled separate accounts	217,508,269	-	217,508,269	-
Group annuity account	56,264,232	-	56,264,232	-
Self-managed account	818,247	818,247	-	-
Total assets at fair value	$ 322,769,130	$ 48,996,629	$ 273,772,501	$ -

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2012			
	Total	Level 1	Level 2	Level 3
Mutual funds				
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-protection funds	4,605,810	4,605,810	-	-
Total mutual funds	36,959,359	36,959,359	-	-
Pooled separate accounts				
Speciality 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	166,085,716	-	166,085,716	-
Group annuity account	50,432,069	-	50,432,069	-
Self-managed account	706,648	706,648	-	-
Total assets at fair value	$ 254,183,792	$ 37,666,007	$ 216,517,785	$ -

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, 2013 and 2012, respectively.

December 31, 2013

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption notice Period
Pooled separate accounts				
Speciality funds	$ 120,930,111	N/A	daily	1 day
Value funds	32,701,618	N/A	daily	1 day
Blend funds	46,723,962	N/A	daily	1 day
Fixed income funds	17,152,578	N/A	daily	1 day

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2012

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption notice Period
Pooled separate accounts				
Speciality funds	$ 93,500,170	N/A	daily	1 day
Value funds	21,176,142	N/A	daily	1 day
Blend funds	34,170,261	N/A	daily	1 day
Fixed income funds	17,239,143	N/A	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 multiemployer Plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC) and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter; however, the Plan administrator and the Plan counsel believe that the Plan continues to be qualified and the related Trust was tax exempt as of the financial statement date.

The Plan follows the authoritative guidance relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended December 31, 2013 and 2012, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of December 31, 2013, the statute of limitations for tax years 2010 through 2012 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Plan files returns. It is the Plan's policy to recognize interest and/or penalties related to uncertain tax positions, if any, in unrelated business income tax expense.

NOTE 7. RELATED PARTY TRANSACTIONS

During the years ended December 31, 2013 and 2012 the Plan was charged for its pro rata 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, 2013 and 2012 the amount of office expenses incurred by the Plan was $397,876 and $176,812,

NOTE 7. RELATED PARTY TRANSACTIONS (CONTINUED)

respectively, which is included in administrative expenses in the statement of changes in net assets available for benefits. The balance payable at December 31, 2013 and 2012 was $117,489 and $63,709, respectively. The balance receivable at December 31, 2013 and December 31, 2012 was $467 and $1,297, respectively. The December 31, 2013 balance due to IAM National Pension Fund, National Pension Plan does not agree to the receivable recorded on the IAM National Pension Fund, National Pension Plan Statements of Net Assets due to timing of a payment received from IAM National Pension Fund in the amount of $93,969.

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. 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.

NOTE 9. 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, 2013 and 2012 is $56,264,232 and $50,432,069. 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 2013 and 2012 is 2.10% and 2.40%. 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.

NOTE 10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 14, 2014, which is the date the financial statements were available to be issued. The Plan changed the third party administrator from Prudential Retirement Insurance and Annuity to New York Life, effective July 1, 2014.

SUPPLEMENTAL SCHEDULES

IAM NATIONAL 401(K) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2013

Form 5500, Schedule H, Line 4a

E.I.N. 51-6031295
Plan No. 003

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:		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	$ 417,541.82	$ 114,730.00	$ 302,811.82		

***** Effective for 2013, Fund uses employee's pay date. As for prior years, pay period end dates were used. *****

ER Code	Company Name Address &	EIN #	Employee's Pay Date	Date Payment Received	Total RR Amount
A99A	THE ARNOLD ENGINEERING CO 300 NORTH WEST STREET MARENGO , IL 60152	36-0746900	**7/5/2013, 8/23/2013, 10/4/2013**	**7/17/2013, 9/4/2013, 10/24/2013**	**$ 4,604.62**
AB03	Allied Aviation Service Co of N J Inc. 462 Seventh Avenue 17th Floor New York, NY 10018	13-5565924	**6/26/2013**	**7/9/2013**	**8,812.02**
B29B	BOWHEAD SYSTEMS MANAGEMENT 4900 SEMINARY RD SUITE 1200 ALEXANDRIA, VA 22311	20-5238259	**4/10/2013, 4/25/2013, 5/24/2013, 6/10/2013, 7/10/2013, 8/23/2013, 9/25/2013, 10/10/2013, 10/25/2013, 11/8/2013, 11/25/2013, 12/10/2013**	**4/23/2013, 5/7/2013, 6/13/2013, 7/17/2013, 7/23/2013, 9/5/2013, 10/7/2013, 10/24/2013, 11/7/2013, 12/12/2013, 12/9/2013, 1/3/2014**	**11,663.46**
B46A	BRODIE INC 10 BALLARD ROAD LAWRENCE, MA 01843	04-2188432	**2/20/2013**	**3/4/2013**	**3,111.70**
B81A	BSA/LB & B Joint Venture (drivers) 4600 Debarr Road Anchorage, AK 99508	20-1661351	**2/15/2013**	**3/8/2013**	**97.76**
B82A	BSA/LB & B JOINT VENTURE 4600 DEBARR ROAD ANCHORAGE, AK 99508	20-1661351	**7/31/2013**	**8/13/2013**	**285.07**
BZ52	Ganley Ford West 16100 Loraine Ave Cleveland, OH 44111	34-1344161	**4/17/2013, 5/8/2013, 5/15/2013, 7/10/2013, 8/7/2013, 8/14/2013, 9/4/2013, 9/18/2013, 10/16/2013, 10/23/2013, 11/6/2013, 11/13/2013, 12/4/2013, 12/8/2013**	**5/2/2013, 6/3/2013, 6/3/2013, 7/26/2013, 8/26/2013, 8/26/2013, 9/17/2013, 9/30/2013, 11/4/2013, 11/4/2013, 11/27/2013, 11/27/2013, 12/6/2013, 1/3/2014**	**1,022.04**
C34B	CORE LLC (MS-FOSC) 10059 NORTH REIGER RD BATON ROUGE, LA 70809	72-1392118	**11/22/2013**	**12/6/2013**	**1,328.21**
C79A	CLC INC 555 NORTH GRANTS LANE FORT WORTH, TX 76108	75-2866735	**4/12/2013, 4/26/2013, 5/24/2013**	**4/26/2013, 5/13/2013, 6/7/2013**	**399.80**
C79B	CUBIC WORLDWIDE TECHNICAL SERVICES INC 400 UNION AVE SE SUITE 300 OLYMPIA, WA 98501	33-0396203	**11/22/2013, 12/6/2013**	**12/12/2013, 12/23/2013**	**41,926.33**
CK01	Cable-Dahmer Chevrolet 1834 S Nolad Rd Independence, MO 64055	44-0607435	**3/15/2013, 12/6/2013, 12/20/2013**	**3/27/2013, 12/18/2013, 1/7/2014**	**3,349.58**
CK02	Cable-Dahmer Chevrolet 1834 S Nolad Rd Independence, MO 64055	44-0607435	**3/15/2013, 12/6/2013, 12/20/2013**	**3/27/2013, 12/18/2013, 1/7/2014**	**745.55**
CK03	Van Chevrolet Cadillac Subaru 100 NW Vivon Rd Kansas City, MO 64118	44-0617358	**12/28/2012**	**1/16/2013**	**183.98**
CK04	Van Chevrolet Cadillac Subaru 100 NW Vivon Rd Kansas City, MO 64118	44-0617358	**12/28/2012**	**1/16/2013**	**262.68**
CK05	Crossley Gary Ford Inc. 8050 N. Church Rd Kansas City, MO 64158	44-0645475	**1/4/2013, 7/5/2013, 11/1/2013**	**1/16/2013, 7/18/2013, 11/21/2013**	**2,471.92**
CK06	Crossley Gary Ford Inc. 8050 N. Church Rd Kansas City, MO 64158	44-0645475	**1/4/2013, 7/5/2013, 11/1/2013**	**1/16/2013, 7/18/2013, 11/21/2013**	**1,274.71**
D053	DISTRICT LODGE 00026 IAM (BR) 365 NEW BRITAIN RD KENSINGTON, CT 06037	02-0599079	**11/7/2013**	**11/25/2013**	**575.00**

IAM NATIONAL 401(K) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)

DECEMBER 31, 2013

Form 5500, Schedule H, Line 4a

E.I.N. 51-6031295
Plan No. 003

*** Effective for 2013, Fund uses employee's pay date. As for prior years, pay period end dates were used. ***					
ER Code	Company Name Address &	EIN #	Employee's Pay Date	Date Payment Received	Total RR Amount
D19C	DIAMOND CONCRETE DBA 38 KINSEY PLACE STATEN ISLAND, NY 10303	30-0632981	8/1/2013, 8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2014, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/7/2013, 1/10/2014,	$ 688.80
D20C	DIAMOND CONCRETE DBA 38 KINSEY PLACE STATEN ISLAND, NY 10303	30-0632981	8/1/2013, 8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2014, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/7/2013, 1/10/2014,	5,924.02
D24C	DIAMOND CONCRETE DBA 38 KINSEY PLACE STATEN ISLAND, NY 10303	30-0632981	8/1/2013, 8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2014, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/7/2013, 1/10/2014,	250.10
D25C	DIAMOND CONCRETE DBA 38 KINSEY PLACE STATEN ISLAND, NY 10303	30-0632981	8/1/2013, 8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2014, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/7/2013, 1/10/2014,	753.96
D26A	DISTRICT LODGE 00015 IAM (BR) 652 FOURTH AVENUE 1ST FLOOR BROOKLYN, NY 11232	13-5157707	10/10/2013	10/24/2013	1,048.38
D27C	DISTRICT LODGE 00947 IAM 535 WEST WILLOW STREET LONG BEACH, CA 90806	91-2150888	4/19/2013, 12/13/2013	5/2/2013, 12/27/2013	1,227.57
D35A	DISTRICT LODGE 00947 IAM 535 WEST WILLOW STREET LONG BEACH, CA 90806	91-2150888	4/19/2013, 12/13/2013	5/2/2013, 12/27/2013	417.52
D58B	District Lodge 00009 Iam (office) 12365 St Charles Rock Road Bridgeton, MO 63044	43-0337344	8/8/2013	8/20/2013	306.00
D80A	District Lodge 0004 IAM 698 Lisbon St Lisbon Falls. ME 04252	52-1597968	1/4/2013, 2/15/2013, 3/15/2013, 3/1/2013, 4/26/2013, 5/24/2013, 6/7/2013, 10/25/2013, 11/8/2013	1/16/2013, 3/8/2013, 4/8/2013, 3/15/2013, 5/2/2013, 6/6/2013, 6/20/2013, 11/12/2013, 11/21/2013	2,192.59
D83A	DISTRICT 15 FINANCIAL STAFF ASSN{OFFICE} 652 FOURTH AVENUE 1ST FLOOR BROOKLYN, NY 11232	13-5157707	10/10/2013	10/24/2013	42.15
D88B	DISTRICT LODGE 00154 IAM PO BOX 408 CALVERT CITY, KY 42029	61-0543959	4/25/2013, 5/9/2013	5/16/2013, 5/28/2013	1,137.32
DZ43	ARMY FLEET SUPPORT LLC P O BOX 620309 FORT RUCKER, AL 36362-0039	75-3115427	12/27/2013	1/10/2014	149,686.32
DZ68	DISTRICT LODGE 00075 IAM (OPEIU) 502 PLAZA DRIVE ENTERPRISE, AL 36330-3327	63-0452721	5/27/2013, 12/9/2013, 12/23/2013	6/7/2013, 12/20/2013, 1/7/2014	286.80
DZ73	DISTRICT LODGE 00154 IAM PO BOX 408 CALVERT CITY, KY 42029	61-0543959	4/25/2013, 5/9/2013	5/16/2013, 5/28/2013	56.72
E47A	EQUIPMENT DEPOT OF ILLINOIS 2545 NORTHWEST PARKWAY ELGIN, IL 60124	36-2341096	5/24/2013	6/10/2013	1,387.96
E67A	Elkhart Brass MFG 1302 W Beardsley Elkhart, IN 46514	35-0290540	3/21/2013, 6/13/2013, 6/20/2013	4/5/2013, 7/9/2013, 7/9/2013	7,681.71
F36A	FAZTEC INDUSTRIES 38 KINSEY PLACE STATEN ISLAND, NY 10303	13-3797986	8/1/2013,8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/17/2013, 1/10/2014	3,218.81
F37A	FAZTEC INDUSTRIES 38 KINSEY PLACE STATEN ISLAND, NY 10303	13-3797986	8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/17/2013, 1/10/2014	344.28
F49A	FAZTEC INDUSTRIES 38 KINSEY PLACE STATEN ISLAND, NY 10303	13-3797986	8/1/2013,8/8/2013, 8/15/2013, 8/22/2013, 8/29/2013, 9/5/2013, 9/12/2013, 9/19/2013, 9/26/2013, 10/3/2013, 12/5/2013, 12/26/2013	9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 9/30/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/8/2013, 10/21/2013, 12/17/2013, 1/10/2014	1,440.00
G14A	GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD SYLMAR, CA 95158	95-1586088	3/21/2013	4/8/2013	3,667.41

IAM NATIONAL 401(K) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)

DECEMBER 31, 2013

Form 5500, Schedule H, Line 4a

E.I.N. 51-6031295
Plan No. 003

*** Effective for 2013, Fund uses employee's pay date. As for prior years, pay period end dates were used. ***					
ER Code	Company Name Address &	EIN #	Employee's Pay Date	Date Payment Received	Total RR Amount
G60A	GREYHOUND LINES INC 350 NORTH ST PAUL STREET DALLAS, TX 75201	86-0572343	**4/24/2013, 5/8/2013, 5/15/2013**	**5/15/2013, 6/7/2013, 5/29/2013**	**$ 6,912.50**
G67A	GREYHOUND LINES INC 350 NORTH ST PAUL STREET DALLAS, TX 75201	86-0572343	**12/13/2013**	**12/31/2013**	**10,844.83**
G78A	GLOBAL BUS AND FLEET SERVICE 6 CONNER LANE DEER PARK , NY 11729	11-3454073	**7/25/2013, 8/1/2013, 8/15/2013**	**8/14/2013, 8/14/2013, 8/27/2013**	**640.91**
G79A	GLOBAL BUS AND FLEET SERVICE 6 CONNER LANE DEER PARK , NY 11729	11-3454073	**7/25/2013, 8/1/2013, 8/15/2014**	**8/14/2013, 8/14/2013, 8/27/2014**	**535.59**
G80A	GLOBAL BUS AND FLEET SERVICE 6 CONNER LANE DEER PARK , NY 11729	11-3454073	**7/25/2013, 8/1/2013, 8/15/2019**	**8/14/2013, 8/14/2013, 8/27/2019**	**1,571.18**
G81A	GLOBAL BUS AND FLEET SERVICE 6 CONNER LANE DEER PARK , NY 11729	11-3454073	**7/25/2013, 8/1/2013, 8/15/2020**	**8/14/2013, 8/14/2013, 8/27/2020**	**656.28**
H04A	Hertz Corp, The (new York Garage Unit) P O Box 26010 Oklahoma City, OK 73126	13-1938568	**8/1/2013, 9/5/2013**	**8/24/2013, 9/17/2013**	**1,305.52**
I58A	ITT SYSTEMS CORPORATION 5009 CENTENNIAL BOULEVARD COLORADO SPRINGS, CO 80919	22-1522888	**3/14/2013**	**4/4/2013**	**1,863.80**
I59A	ITT SYSTEMS CORPORATION 5009 CENTENNIAL BOULEVARD COLORADO SPRINGS, CO 80919	22-1522888	**3/14/2013**	**4/4/2013**	**432.53**
I69A	INUIT SERVICES INC (TISB) 4600 DEBARR ROAD #200 ANCHORAGE, AK 99508-3126	92-0158511	**10/7/2013**	**10/25/2013**	**116.76**
I70A	INUIT SERVICES INC (LOGISTICS) 4600 DEBARR ROAD #200 ANCHORAGE, AK 99508-3126	92-0158511	**10/7/2013**	**10/25/2013**	**95.65**
J27A	JACOBS TECHNOLOGY INC 600 WILLIAM NORTHERN BLVD TULLAHOMA, TN 37388	62-0510412	**1/18/2013, 02/22/2013**	**2/11/2013, 03/06/2013**	**10,411.92**
J52A	J&J World Wide Services 3755 Capital Of Texas Hwy South Suite 355 Austin, TX 78704	74-1668145	**8/9/2013, 8/23/2013**	**8/22/2013, 9/5/2013**	**4,348.98**
L20A	LANDMARK DODGE CHRYSLER JEEP INC 1900 SOUTH NOLAND ROAD INDEPENDENCE, MO 64055	43-1646570	**9/6/2013, 10/11/2013**	**9/23/2013, 10/28/2013**	**285.35**
L21A	LANDMARK DODGE CHRYSLER JEEP INC 1900 SOUTH NOLAND ROAD INDEPENDENCE, MO 64055	43-1646570	**9/6/2013, 10/11/2013, 11/8/2013, 12/20/2013**	**9/23/2013, 10/28/2013, 11/21/2013, 1/7/2014**	**283.31**
L22B	LISTERHILL TOTAL MAINT (MECHANICAL) PO BOX 4199 MUSCLE SHOALS, AL 35662	20-0267941	**12/5/2013**	**12/18/2013**	**639.24**
L40A	DISTRICT LODGE 00171 IAM 1901 NORTH WASHINGTON ENID, OK 73701	20-0632147	**12/28/2012, 2/8/2013, 5/17/2013**	**1/23/2013, 3/4/2013 ,6/6/2013**	**779.23**
L88A	LBM Inc. PO Box 926 Dunn, NC 28335-0926	56-1486058	**2/1/2013**	**2/25/2013**	**92.16**
M47A	MOUNT JOY WIRE CORP 1000 EAST MAIN ST MOUNT JOY, PA 17552	23-2655509	**9/4/2013**	**9/25/2013**	**2,034.39**
M55A	SPIRIT AEROSYSTEMS INC P O BOX 780008 K25-91 WICHITA, KS 67278	20-2130528	**7/3/2013**	**2/12/2014**	**4,031.77**

IAM NATIONAL 401(K) PLAN

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS (CONTINUED)

DECEMBER 31, 2013

Form 5500, Schedule H, Line 4a

E.I.N. 51-6031295
Plan No. 003

*** Effective for 2013, Fund uses employee's pay date. As for prior years, pay period end dates were used. ***					
ER Code	Company Name Address &	EIN #	Employee's Pay Date	Date Payment Received	Total RR Amount
MZ84	MARSHALL FORD 6200 MAYFIELD ROAD MAYFIELD HEIGHTS, OH 44124	34-1495584	10/2/2013	10/21/2013	$ 295.68
N63A	National Federation of Federal Employees 805 15th St NW Washington, DC 20005 EIN: 530115360	53-0115360	3/29/2013, 11/22/2013	4/10/2013, 12/11/2013	1,169.03
N64A	National Federation of Federal Employees 805 15th St NW Washington, DC 20005 EIN: 530115360	53-0115360	3/29/2013, 11/22/2013	4/10/2013, 12/11/2013	5,148.75
OK01	O'NEILL OLDSMOBILE INC (IAM) 8001 METCALF OVERLAND PARK, KS 66204	44-0268622	12/2/2013	12/13/2013	210.69
OK02	O'NEILL OLDSMOBILE INC (TEAMSTERS) 8001 METCALF OVERLAND PARK, KS 66204	44-0268622	12/2/2013	12/13/2013	51.84
PA40	Pacifico Ford Inc. 6701 Essington Ave Philadelphia, PA 19153	23-1433366	1/4/2013, 8/9/2013	1/23/2013, 8/21/2013	712.00
S63A	SALEM TRUCK LEASING INC 9505 AVENUE D BROOKLYN, NY 11236	11-2112480	5/16/2013, 5/30/2013, 6/6/2013, 6/27/2013, 12/26/2013	5/31/2013, 6/11/2013, 6/21/2013, 7/16/2013, 1/23/2014	2,058.38
S66B	SPIRIT AEROSYSTEMS INC P O BOX 780008 K25-91 WICHITA, KS 67278	20-2130528	6/27/2013, 7/11/2013, 7/25/2013, 8/8/2013	9/25/2013, 9/25/2013, 9/25/2013, 9/25/2013	22,663.10
S96A	SPIRIT AEROSYSTEMS INC P O BOX 780008 K25-91 WICHITA, KS 67278	20-2130528	7/3/2013	2/12/2014	228.28
SA24	Saf-lok Scaffolding Co [marr Companies] 1 D Street South Boston, MA 02127	04-2274370	8/9/2013, 8/16/2013, 8/30/2013, 10/4/2013	8/26/2013, 8/29/2013, 9/17/2013, 10/23/2013	877.32
SK01	SHAWNEE MISSION FORD INC (IAM) 11501 W SHAWNEE MISSION PKWY P O BOX 3179 SHAWNEE, KS 66203-3179	48-0582387	12/3/2013	12/13/2013	61.38
SY01	SIFCO Industries Forge Grp 970 East 64th Street Cleveland, OH 44103	34-0553950	3/28/2013, 4/4/2013, 11/14/2013, 12/26/2013	4/16/2013, 4/16/2013, 11/27/2013,1/15/2014	87.39
T70A	TRAILBOSS ENTERPRISES INC 201 E. 3RD AVENUE ANCHORAGE, AK 99501	80-0540155	6/6/2013, 6/20/2013, 7/18/2013, 9/12/2013, 9/26/2013, 10/10/2013, 10/24/2013, 11/7/2013,11/21/2013, 12/5/2013,	7/10/2013, 7/10/2013, 8/2/2013, 10/11/2013, 10/8/2013, 10/30/2013, 12/13/2013, 12/13/2013, 1/14/2014, 1/23/2014	25,484.78
T71A	TRAILBOSS ENTERPRISES INC 201 E. 3RD AVENUE ANCHORAGE, AK 99501	80-0540155	6/6/2013, 6/20/2013, 7/18/2013, 9/12/2013, 9/26/2013, 10/10/2013, 10/24/2013, 11/7/2013,11/21/2013, 12/5/2013,	7/10/2013, 7/10/2013, 8/2/2013, 10/11/2013, 10/8/2013, 10/25/2013, 12/13/2013, 12/13/2013, 1/14/2014, 1/23/2014	34,789.29
T72A	TRAILBOSS ENTERPRISES INC 201 E. 3RD AVENUE ANCHORAGE, AK 99501	80-0540155	5/9/2013, 5/23/2013, 6/6/2013, 6/20/2013, 7/18/2013, 9/12/2013, 10/10/2013, 10/24/2013, 11/7/2013, 11/21/2013, 12/5/2013	6/3/2013, 6/25/2013, 7/11/2013, 7/11/2013, 8/2/2013, 10/11/2013, 10/25/2013, 11/29/2013, 1/7/2014, 1/2/2014, 1/2/2014	10,602.44
TK02	Thoroughbred Ford Inc. (teamsters) 8501 N. Boardwalk Avenue Kansas City, MO 64154	43-1335114	8/6/2013, 10/29/2013	8/19/2013, 11/13/2013	97.86
WZ92	Ganley Chevrolet Inc. 15315 Lorain Ave Cleveland, OH 44111	34-1894824	1/2/2013, 3/20/2013, 5/8/2013, 7/3/2013, 8/21/2013, 9/25/2013, 12/18/2013	1/16/2013, 4/3/2013, 5/20/2013, 7/16/2013, 9/3/2013, 10/9/2013, 1/3/2014	431.83
Y13A	YRC FREIGHT 10990 ROE AVENUE OVERLAND PARK, KS 66221	34-0492670	11/7/2013, 12/12/2013, 12/26/2013	11/21/2013, 12/24/2013, 1/10/2014	817.02
					$ 417,541.81

IAM National 401(k) Plan

Schedule of Assets Held for Investment Purposes

December 31, 2013

Form 5500, Schedule H, Line 4i

E.I.N. 51-6031295
Plan No. 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par and maturity value: Description	Collateral	Maturity Date	Rate of Interest	Par/ Maturity Value or Shares	(e) Current Value
	Mutual funds						
	Goldman Sachs Mid Cap Value A	Reg. Inv. Co.	N/A	N/A	N/A		$ 5,250,384
	Nuveen Small Cap Select A	Reg. Inv. Co.	N/A	N/A	N/A		10,433,183
	SSGA IAM Shares Fund	Reg. Inv. Co.	N/A	N/A	N/A		2,743,665
	Vanguard Inflation Protected Securities Fund	Reg. Inv. Co.	N/A	N/A	N/A		2,428,556
	Growth Fund of America R4	Reg. Inv. Co.	N/A	N/A	N/A		19,422,847
	Munder Mid Cap Core Growth A	Reg. Inv. Co.	N/A	N/A	N/A		7,899,747
							48,178,382
	Group annuity account						
*	Guaranteed Income Fund	GAC	N/A	N/A	N/A		56,264,232
	Pooled separate accounts						
*	Core Plus Bond/PIMCO Fund	PSA	N/A	N/A	N/A		17,152,578
*	Small Cap Value/Kennedy Cap Fund	PSA	N/A	N/A	N/A		18,627,997
*	Large Cap Value/LSV Asset Management Fund	PSA	N/A	N/A	N/A		14,073,622
*	Manning & Napier Retirement Target 2010	PSA	N/A	N/A	N/A		9,911,088
*	Manning & Napier Retirement Target 2020	PSA	N/A	N/A	N/A		55,059,150
*	Manning & Napier Retirement Target 2030	PSA	N/A	N/A	N/A		33,148,484
*	Manning & Napier Retirement Target 2040	PSA	N/A	N/A	N/A		14,262,351
*	Manning & Napier Retirement Target 2050	PSA	N/A	N/A	N/A		6,236,388
*	Manning & Napier Retirement Target Income	PSA	N/A	N/A	N/A		2,312,649
*	SSGA Russell All Cap Index Fund	PSA	N/A	N/A	N/A		2,970,217
*	Dryden S&P 500 Index Fund	PSA	N/A	N/A	N/A		22,622,306
*	AQR International Funds	PSA	N/A	N/A	N/A		21,131,439
							217,508,269
	Self-managed account						
	Self directed brokerage	N/A	N/A	N/A	N/A	N/A	818,247
	Total Investments						322,769,130
	Notes receivable from participants	Participant notes	N/A	N/A	3.25 - 10.50%		11,879,926
							$ 334,649,056

* Party-in-interest

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).

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

OMB Nos. 1210 - 0110
1210 - 0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A This return/report is for:
- [X] a multiemployer plan;
- [ ] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report;
- [X] an amended return/report;
- [ ] the final return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under:
- [X] 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

1300 CONNECTICUT AVENUE, NW, SUITE

WASHINGTON DC 20036

2b Employer Identification Number (EIN) 51-6031295

2c Sponsor's telephone number 202-785-2658

2d Business code (see instructions) 333510

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

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

SIGN HERE	Signature of plan administrator	11/20/2014 Date	STEPHEN R. SLEIGH 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)

CALIBRE CPA GROUP PLLC
7501 WISCONSIN AVENUE, SUITE 1200 WEST
BETHESDA MD 20814

Preparer's telephone number (optional) 202-331-9880

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [X] 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	24,235
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	21,169
b Retired or separated participants receiving benefits	6b	3
c Other retired or separated participants entitled to future benefits	6c	1,586
d Subtotal. Add lines **6a, 6b,** and **6c**	6d	22,758
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0
f Total. Add lines **6d** and **6e**	6f	22,758
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	16,384
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	248

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) [X] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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) [X] **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)	[X]	H	(Financial Information)
(2)	[ ]	I	(Financial Information - Small Plan)
(3)	[X] 1	A	(Insurance Information)
(4)	[X]	C	(Service Provider Information)
(5)	[X]	D	(DFE/Participating Plan Information)
(6)	[ ]	G	(Financial Transaction Schedules)