

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 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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NIS HIGH YIELD FUND, LLC
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC
2b Employer Identification Number (EIN): 39-2021943
2c Plan Sponsor's telephone number: 414-765-1980
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature. 2. Signature of plan administrator. 3. Signature of employer/plan sponsor. 4. Filed with authorized/valid electronic signature. 5. Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NIS HIGH YIELD FUND, LLC</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>	D Employer Identification Number (EIN) <u>39-2021943</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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:		
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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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, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	AISC 401(K) PLAN	
b Name of plan sponsor	AISC HOLDINGS, INC.	c EIN-PN 13-0432350-002
a Plan name	AUTOMATIC SPRINKLER LOCAL 281, U.A. WELFARE FUND	
b Name of plan sponsor	BOARD OF TRUSTEES OF AUTOMATIC SPRINKLER LOCAL 281, U.A. WELFARE FUND	c EIN-PN 36-2242666-501
a Plan name	AUTOMOBILE MECHANICS' LOCAL 701 UNION AND INDUSTRY WELFARE FUND	
b Name of plan sponsor	AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE	c EIN-PN 36-2331071-501
a Plan name	AUTOMOBILE MECHANICS' LOCAL NO. 701 PENSION FUND	
b Name of plan sponsor	TRUSTEES OF AUTOMOBILE MECHANICS' LOCAL NO. 701 PENSION FUND	c EIN-PN 36-6042061-001
a Plan name	BOILERMAKERS NATIONAL HEALTH & WELFARE FUND	
b Name of plan sponsor	BOARD OF TRUSTEES OF BOILERMAKERS	c EIN-PN 36-6090694-501
a Plan name	BRICKLAYERS AND STONE MASONS OF ILLINOIS DC NO.1, B.A.C. ANNUITY FUND	
b Name of plan sponsor	TRUSTEES OF BRICKLAYERS AND STONE MASONS IL DC NO. 1 B.A.C. ANNUITY FU	c EIN-PN 36-3794397-001
a Plan name	CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSION PLAN	
b Name of plan sponsor	BD OF TRUSTEES, CHICAGO & VICINITY LABORERS' DISTR. COUNCIL PENS FUND	c EIN-PN 36-2514514-002
a Plan name	CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL RETIREE HEALTH & WELFARE	
b Name of plan sponsor	BD OF TRTS - CHGO & VICIN LABORERS' DISTRICT COUNCIL RETIREE H&W FUND	c EIN-PN 46-5243652-501
a Plan name	CHICAGO AREA IB OF T HEALTH AND WELFARE PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO AREA IB OF T HEALTH & WELFARE FUND	c EIN-PN 36-2187389-501
a Plan name	CHICAGO AREA IB OF T PENSION TRUST FUND	
b Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO AREA IB OF T PENSION TRUST FUND	c EIN-PN 36-2407063-001
a Plan name	CHICAGO AREA IB OF T SEVERANCE AND RETIREMENT PLAN	
b Name of plan sponsor	BOARD OF TRUSTEES CHICAGO AREA IBT SEVERANCE AND RETIREMENT TRUST FUND	c EIN-PN 36-3296789-002
a Plan name	CHICAGO GRAPHIC ARTS HEALTH AND WELFARE FUND	
b Name of plan sponsor	TRUSTEES OF CHICAGO GRAPHIC ARTS HEALTH AND WELFARE FUND	c EIN-PN 36-2125291-501

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CHICAGO PAINTERS AND DECORATORS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF CHICAGO PAINTERS AND DECORATORS PENSION FD	c EIN-PN 51-6030238-001
a	Plan name CHICAGO PAINTERS AND DECORATORS WELFARE FUND	
b	Name of plan sponsor TRUSTEES CHICAGO PAINTERS AND DECORATORS WELFARE FUND	c EIN-PN 51-0245220-501
a	Plan name CHICAGO TRUCK DRIVERS HELPERS & WAREHOUSE WKS UNION IND & AFFIL. H&W F	
b	Name of plan sponsor CHICAGO TRUCK DRIVERS UNION-INDEPENDENT	c EIN-PN 36-2371000-004
a	Plan name CROWN CORK & SEAL COMPANY, INC. MASTER RETIREMENT	
b	Name of plan sponsor WELLS FARGO BANK, N.A. THE TRUSTEE	c EIN-PN 36-2885278-001
a	Plan name ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN	
b	Name of plan sponsor ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 39-6093297-002
a	Plan name ELECTRICAL CONTRACTORS ASSOCIATION AND LOCAL UNION 134 IBEW JOINT PENS	
b	Name of plan sponsor BD OF TTEES OF ELECTRICAL CONTRACTORS ASSN & LOCAL 134 IBEW JT PEN TST	c EIN-PN 36-6153685-001
a	Plan name FLINT PLUMB & PIPE PENSION FUND	
b	Name of plan sponsor TRUSTEES FLINT PLUMBING PENSION FUN	c EIN-PN 38-6254230-001
a	Plan name HEATING, PIPING AND REFRIGERATION PENSION FD PENSION FUND	
b	Name of plan sponsor BD OF TEES HEATING, PIPING & REFRIGERATION PENSION FUND	c EIN-PN 52-1058013-001
a	Plan name INTERNATIONAL BROTHERHOOD OF TEAMSTERS UNION LOCAL 710 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF I.B. OF T. UNION LOCAL 710 PENSION FUND	c EIN-PN 36-2377656-001
a	Plan name KALAMAZOO PLUMBERS & PIPEFITTERS LOCAL 357 401(K) PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE KALAMAZOO PLUMBERS & PIPEFITTERS 357 401(K)	c EIN-PN 38-6152409-002
a	Plan name LOCAL 703, I.B OF T., GROCERY & FOOD EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor TRUSTEES OF LOCAL 703, I.B. OF T., GROCERY & FOOD EMPLOYEES' PENSION P	c EIN-PN 36-6491473-001
a	Plan name LOCAL 73 RETIREMENT FUND	
b	Name of plan sponsor LOCAL 73 RETIREMENT FUND	c EIN-PN 15-6016577-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LOCAL 99 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES LOCAL 99 PENSION PLAN	c EIN-PN 51-6119432-001
a	Plan name	LOCAL NO. 1 HEALTH FUND	
b	Name of plan sponsor	LOCAL 1 HEALTH FUND	c EIN-PN 36-2525603-501
a	Plan name	LOCAL UNION 212 IBEW PENSION TRUST FUND	
b	Name of plan sponsor	LOCAL UNION NO 212 IBEW PENSION	c EIN-PN 31-6127280-001
a	Plan name	LOCAL UNION IBEW 212 HEALTH AND WELFARE	
b	Name of plan sponsor	LOCAL 212, IBEW HEALTH & WELFARE TRUST FUND	c EIN-PN 31-0782819-502
a	Plan name	MICHIGAN CARPENTERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, MICHIGAN CARPENTERS' PENSION FUND	c EIN-PN 38-6233978-001
a	Plan name	MINNEAPOLIS FOOD DISTRIBUTING INDUSTRY PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, MINNEAPOLIS FOOD DISTRIBUTING	c EIN-PN 41-6047047-001
a	Plan name	OHIO BRICKLAYERS HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	OHIO BRICKLAYERS HEALTH AND WELFARE PLAN	c EIN-PN 31-6064918-501
a	Plan name	OHIO BRICKLAYERS PENSION PLAN	
b	Name of plan sponsor	OHIO BRICKLAYERS PENSION PLAN	c EIN-PN 51-6029565-001
a	Plan name	OPERATING ENGINEERS' LOCAL 324 HEALTH CARE PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324	c EIN-PN 38-1940673-501
a	Plan name	OPERATING ENGINEERS' LOCAL 324 PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES OPERATING ENGINEERS LOCAL 324	c EIN-PN 38-1900637-001
a	Plan name	OPERATING ENGINEERS' LOCAL 324, DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES, OPERATING ENGINEERS LOCAL 324, DC	c EIN-PN 38-3386104-002
a	Plan name	PAINTERS DISTRICT COUNCIL NO. 30 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PAINTERS DISTRICT COUN NO. 30 PENSION FUND	c EIN-PN 36-6491120-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PENSION AND RETIREMENT PLAN OF PLUMBERS AND PIPEFITTERS UNION LOCAL 52	
b	Name of plan sponsor JOINT GOV. COMM. PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 525	c EIN-PN 88-6003864-001
a	Plan name PENSION FUND OF OPERATING ENGINEERS LOCAL 513	
b	Name of plan sponsor BOARD OF TRUSTEES OF PENSION FUND OF OPERATING ENGINEERS LOCAL 513	c EIN-PN 43-0827344-001
a	Plan name PIPE FITTERS RETIREMENT FUND, LOCAL 597	
b	Name of plan sponsor TRUSTEES OF PIPE FITTERS RETIREMENT FUND LOCAL 597	c EIN-PN 62-6105084-001
a	Plan name PIPEFITTERS LOCAL NO 636 SUPPLEMENTAL UNEMPLOYMENT BENEFIT TRUST FUND	
b	Name of plan sponsor PIPEFITTERS LOCAL 636 SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUND	c EIN-PN 38-6100678-501
a	Plan name PIPEFITTERS LOCAL NO. 636 INSURANCE FUND	
b	Name of plan sponsor JT BOARD OF TRUSTEES PIPEFITTERS LOCAL NO. 636 INSURANCE FUND	c EIN-PN 38-6447252-501
a	Plan name PLUMBERS & PIPEFITTERS LOCAL 162 PENSION FUND	
b	Name of plan sponsor PLUMBERS & PIPEFITTERS LOCAL 162	c EIN-PN 31-6125999-001
a	Plan name PLUMBERS & PIPEFITTERS LOCAL 172 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF PLUMBERS & PIPEFITTERS LOCAL 172 PENSION FUND	c EIN-PN 35-6212986-001
a	Plan name PLUMBERS & PIPEFITTERS LOCAL UNIONS 502 & 633 PENS	
b	Name of plan sponsor JOINT BOARD OF TRUSTEES PLUMBERS & PIPEFITTERS LOCAL UNIONS	c EIN-PN 61-6078145-001
a	Plan name PLUMBERS & STEAMFITTERS LOCAL NO. 452 PENSION TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES-PLUMBERS LOCAL 452 PENSION TRUST FUND	c EIN-PN 61-6037176-001
a	Plan name PLUMBERS AND PIPEFITTERS LOCAL UNION NO 333 PENSION FUND	
b	Name of plan sponsor JOINT BOARD PLUMBERS & PIPEFITTERS LOCAL UNION NO. 333 PENSION	c EIN-PN 38-3545518-005
a	Plan name PLUMBERS LOCAL NO 98 DEFINED BENEFIT PENSION FUND	
b	Name of plan sponsor PLUMBERS LOCAL 98 DEFINED BENEFIT PENSION FUND	c EIN-PN 38-3031916-001
a	Plan name PLUMBERS LOCAL NO 98 INSURANCE FUND	
b	Name of plan sponsor JT BOARD OF TRUSTEES OF PLUMBERS LOCAL 98 INSURANCE FUND	c EIN-PN 38-6447251-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLUMBERS' PENSION FUND, LOCAL 130, U.A.	
b	Name of plan sponsor	TRUSTEES OF THE PLUMBERS PENSION FUND, LOCAL 130, U.A.	c EIN-PN 36-6489579-001
a	Plan name	PLUMBERS PIPE FITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION NO. 3	
b	Name of plan sponsor	PLUMBERS, PIPEFITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION 392	c EIN-PN 31-0655223-001
a	Plan name	PLUMBERS PIPE FITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION NO. 3	
b	Name of plan sponsor	PLUMBERS, PIPEFITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION 392	c EIN-PN 31-0727369-501
a	Plan name	PLUMBERS, PIPE FITTERS AND MECHANICAL EQUIPMENT SERVICE LOCAL UNION NO	
b	Name of plan sponsor	PLUMBERS, PIPE FITTERS AND FUND LOCAL 392	c EIN-PN 31-0561070-501
a	Plan name	RETIREE MEDICAL PLAN OF THE PLUMBERS' WELFARE FUND LOCAL 130, U.A.	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE PLUMBERS' WELFARE FUND, LOCAL 130, U.A.	c EIN-PN 46-5193231-503
a	Plan name	ROCKFORD PIPE TRADES INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE ROCKFORD PIPE TRADES INDUSTRY PENSION FUND	c EIN-PN 37-6123990-001
a	Plan name	ROOFERS UNIONS WELFARE TRUST FUND	
b	Name of plan sponsor	TRUSTEES OF ROOFERS UNIONS WELFARE TRUST FUND	c EIN-PN 36-2226396-501
a	Plan name	SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST	
b	Name of plan sponsor	TRUSTEES OF SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRU	c EIN-PN 36-6486542-001
a	Plan name	SHEET METAL WORKERS LOCAL 224 PENSION FUND	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL 224 PENSION FUND BD OF TRUSTEES	c EIN-PN 31-6171353-001
a	Plan name	SOFT DRINK INDUSTRY PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF SOFT DRINK INDUSTRY PENSION FUND	c EIN-PN 36-0884183-001
a	Plan name	STRUCTURAL IW LOCAL #1 PENSION PLAN	
b	Name of plan sponsor	BD OF TRUSTEES-STRUCTURAL IW #1 PENSION PLAN	c EIN-PN 36-2862442-001
a	Plan name	STUDIO MECHANICS LOCAL 476 IATSE RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES STUDIO MECHANICS LOCAL 476 IATSE RETIREMEN	c EIN-PN 36-6552588-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	c EIN-PN 36-6102397-001
a	Plan name U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	
b	Name of plan sponsor TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	c EIN-PN 43-6049855-001
a	Plan name UFCW - NORTHERN CALIFORNIA EMPLOYERS JOINT PENSION	
b	Name of plan sponsor BOARD OF TRUSTEES, UFCW NO. CALIF. EMPLOYERS JOINT PENSION PLAN	c EIN-PN 94-6313554-001
a	Plan name UFCW LOCAL 881 SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL 881	c EIN-PN 36-2125555-002
a	Plan name UFCW NO. CALIFORNIA FOOD EMPLOYERS JOINT INDIVIDUAL ACCOUNT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES UFCW NO. CALIFORNIA F JOINT INDIVIDUAL ACCOUNT PLAN	c EIN-PN 68-0161773-002
a	Plan name UNITED ASSOCIATION OF PLUMBERS LOCAL NO. 8 HEALTH AND WELFARE PLAN	
b	Name of plan sponsor UNITED ASSOCIATION OF PLUMBERS LOCAL 8 HEALTH & WELFARE FUND	c EIN-PN 44-0582944-501
a	Plan name UNITED FOOD AND COMMERCIAL WORKERS UNIONS & EMPLOYERS MIDWEST PENSION	
b	Name of plan sponsor TRUSTEES OF UFCW UNIONS & EMPLOYERS MIDWEST PENSION FUND	c EIN-PN 36-6508328-001
a	Plan name UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS PENSION PLAN	
b	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS EMPLOYERS PENSION PLAN	c EIN-PN 39-6069053-001
a	Plan name WA-ID LABORERS EMPLOYERS PENSION TRUST	
b	Name of plan sponsor WA-ID LABORERS EMPLOYERS PENSION TRUST	c EIN-PN 91-6123988-001
a	Plan name INTERNATIONAL ASSOC OF HEAT AND FROST INSULATORS LOCAL 17 PENSION FUND	
b	Name of plan sponsor TRUSTEES OF INTL ASSOC. OF HEAT AND FROST INSUL LOCAL 17 PENSION FUND	c EIN-PN 36-6077441-001
a	Plan name UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF UNITED FOOD & COMMERCIAL WKRS LOCAL 1546 PENSION	c EIN-PN 36-6064178-001
a	Plan name DISTRICT COUNCIL TRAINING CENTER FUND	
b	Name of plan sponsor	c EIN-PN 36-4258234-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	LOCAL NO. 1 OPERATING RESERVES	
b Name of plan sponsor		c EIN-PN 36-1263955-001
a Plan name	OREGON HOMECARE WORKERS SUPPLEMENTAL TRUST	
b Name of plan sponsor		c EIN-PN 46-3915049-001
a Plan name	PLUMBERS AND PIPEFITTERS LOCAL 502 JOINT EDUCATION & TRAINING FUND	
b Name of plan sponsor		c EIN-PN 61-0666924-001
a Plan name	PLUMBERS' WELFARE FUND LOCAL 130 UA	
b Name of plan sponsor		c EIN-PN 36-2141153-001
a Plan name	POLICEMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO	
b Name of plan sponsor		c EIN-PN 36-6002200-001
a Plan name	PORT AUTHORITY OF ALLEGHENY COUNTY	
b Name of plan sponsor		c EIN-PN 25-6013814-001
a Plan name	THE R.W. GRAND LODGE OF F. & A.M. OF PENNSYLVANIA CONSOLIDATED FUND	
b Name of plan sponsor		c EIN-PN 25-6911798-001
a Plan name	UFCW LOCAL 227 PENSION FUND	
b Name of plan sponsor		c EIN-PN 61-1260071-001
a Plan name	TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE PLAN	
b Name of plan sponsor	TEAMSTERS LOCAL UNION NO. 727 HEALTH AND WELFARE FUND	c EIN-PN 36-6069119-501
a Plan name	CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL FUND OFFICE STAFF PENSION PLAN	
b Name of plan sponsor	BD OF TRTS-CHGO & VICIN LABORERS' DIST COUN FD OFFICE STAFF PENS FUND	c EIN-PN 36-6550487-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NIS HIGH YIELD FUND, LLC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL INVESTMENT SERVICES OF AMERICA, LLC	D Employer Identification Number (EIN) 39-2021943

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3453	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2493488	2874727
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	4247018	3281132
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	150393414	169731647
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	32	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	15924474	18855481

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	173061879	194742987
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	305103	48724
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	305103	48724
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	172756776	194694263

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)		
(F) Other.....	2b(1)(F)	12952922	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12952922
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	208802849	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	207782883	
(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)	196232	
(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)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14169120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	77440	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	23370	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		100810
j Total expenses. Add all expense amounts in column (b) and enter total	2j		100810

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14068310
l Transfers of assets:			
(1) To this plan	2l(1)		22430000
(2) From this plan	2l(2)		14560823

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) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?.....			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

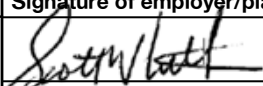
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) C
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan NIS HIGH YIELD FUND, LLC	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL INVESTMENT SERVICES OF AMERICA, LLC 777 E. WISCONSIN AVE. SUITE 2350 MILWAUKEE WI 53202	1c Effective date of plan 2b Employer Identification Number (EIN) <u>39-2021943</u> 2c Plan Sponsor's telephone number <u>414-765-1980</u> 2d Business code (see instructions)

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	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		7/2/2025	SCOTT VAN LITH
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a (1) Total number of active participants at the beginning of the plan year a (2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) (2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached ____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached ____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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