

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, 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, 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, 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 INTERMEDIATE FIXED INCOME FUND, LLC
1b Three-digit plan number (PN): 004
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): 20-0065449
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: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of 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>
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 INTERMEDIATE FIXED INCOME FUND, LLC</u>	B Three-digit plan number (PN)	<u>004</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>20-0065449</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:		
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, 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	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 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	ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN
b	Name of plan sponsor	ELECTRICAL CONSTRUCTION INDUSTRY PENSION PLAN BOARD OF TRUSTEES
c	EIN-PN	39-1291994-002
a	Plan name	GLAZIERS LOCAL 387 PENSION PLAN
b	Name of plan sponsor	GLAZIERS LOCAL 387 PENSION PLAN
c	EIN-PN	31-6127281-001
a	Plan name	HEALTH AND WELFARE FUND OF THE EXCAVATING GRADING
b	Name of plan sponsor	EXCAVATING GRADING & ASPHALT CRAFT 731 HEALTH AND WELFARE FUND
c	EIN-PN	36-6073848-501
a	Plan name	IBEW LOCAL 701 PENSION FUND
b	Name of plan sponsor	BOARD OF TRUSTEES, 701 PENSION FUND
c	EIN-PN	36-6455509-001
a	Plan name	INDIANA STATE COUNCIL OF ROOFERS TRUST FOR HEALTH AND WELFARE
b	Name of plan sponsor	INDIANA STATE COUNCIL OF ROOFERS TRUST FOR HEALTH AND WELFARE
c	EIN-PN	23-7067814-501
a	Plan name	IRON WORKERS LOCAL 8 WELFARE FUND
b	Name of plan sponsor	IRON WORKERS LOCAL 8 WELFARE FUND
c	EIN-PN	39-0855190-501
a	Plan name	IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY TRUST FUND
b	Name of plan sponsor	BOARD OF TRUSTEES OF IRON WORKERS ST. LOUIS DISTRICT COUNCIL ANNUITY
c	EIN-PN	43-1267550-004
a	Plan name	IRON WORKERS ST. LOUIS DISTRICT COUNCIL WELFARE PLAN
b	Name of plan sponsor	IRONWORKERS ST LOUIS DISTRICT COUNCIL WELFARE PLAN
c	EIN-PN	43-0684998-501

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	LABORERS LOCAL 231 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES LABORERS LOCAL 231 ANNUITY FUND	c EIN-PN 37-1230607-001
a	Plan name	LOCAL 731 I.B.T. GARAGE ATTENDANTS,LINEN AND LAUNDRY HEALTH AND WELFARE	
b	Name of plan sponsor	GARAGE ATTENDANTS LINEN AND LAUNDRY HEALTH & WELFARE FUND LOCAL 731 IB	c EIN-PN 36-6073849-501
a	Plan name	LOCAL 731, I.B. OF T., HEALTH AND WELFARE FUND	
b	Name of plan sponsor	LOCAL NO. 731 I B OF T HEALTH AND WELFARE FUND	c EIN-PN 36-2392752-501
a	Plan name	LOCAL 731, I.B. OF T., HEALTH AND WELFARE FUND	
b	Name of plan sponsor	LOCAL NO. 731 I B OF T HEALTH AND WELFARE FUND	c EIN-PN 36-2392752-501
a	Plan name	LOCAL NO. 731, I.B. OF T., PENSION FUND	
b	Name of plan sponsor	LOCAL NO. 731, I.B. OF T., PENSION FUND	c EIN-PN 36-6513567-001
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	MARITIME ASSOCIATION - I.L.A. WELFARE FUND	
b	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE MARITIME ASSOCIATION - I.L.A. WELFARE FUN	c EIN-PN 74-1721447-501
a	Plan name	MIDWEST PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - MIDWEST PENSION PLAN	c EIN-PN 36-6512748-001
a	Plan name	NECA IBEW # 176 HEALTH AND WELFARE FUND	
b	Name of plan sponsor	TRUSTEES OF NECA IBEW # 176 HEALTH AND WELFARE FUND	c EIN-PN 36-1264190-501
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	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

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 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 HEALTH AND WELFARE	
b	Name of plan sponsor PAINTERS DISTRICT COUNCIL NO. 30 HEALTH AND WELFARE FUND	c EIN-PN 23-7072134-501
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 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 AND STEAMFITTERS LOCAL NO. 177 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES - PLUMBERS AND STEAMFITTERS LOCAL NO. 177 PENSION	c EIN-PN 58-1359382-001
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 SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	
b	Name of plan sponsor SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	c EIN-PN 43-6130272-001
a	Plan name SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	
b	Name of plan sponsor SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	c EIN-PN 22-6073053-001
a	Plan name TEAMSTERS LOCAL 731 SEVERANCE & RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE LOCAL 731 IBT EXCAVATORS AND PAVERS PENSION	c EIN-PN 36-6513565-002

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 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 UNION NO. 1546 SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION LOCAL NO. 1546	c EIN-PN 36-4485358-001
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 ASSO JOURNEYMEN & APPRNC PENSION FUND	
b	Name of plan sponsor UNITED ASSN OF JOURNEYMEN & APPRENTICE LOCAL 198 AFL-CIO PENSION FUND	c EIN-PN 72-6029984-001
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 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 UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION FUND	
b	Name of plan sponsor TRUSTEES OF THE UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY PENSION F	c EIN-PN 15-0612437-001
a	Plan name INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL CARPENTERS PE	c EIN-PN 51-6123713-001
a	Plan name CENTRAL FLORIDA FOUNDATION ENDOWMENT FUND	
b	Name of plan sponsor	c EIN-PN 59-3182886-004
a	Plan name CENTRAL FLORIDA FOUNDATION INTERMEDIATE FUND	
b	Name of plan sponsor	c EIN-PN 59-3182886-004
a	Plan name CENTRAL FLORIDA FOUNDATION LONG TERM FUND	
b	Name of plan sponsor	c EIN-PN 59-3182886-004

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	DISTRICT COUNCIL TRAINING CENTER FUND	
b	Name of plan sponsor	c	EIN-PN 36-4258234-004
a	Plan name	FLORIDA UBC PENSION FUND	
b	Name of plan sponsor	c	EIN-PN 59-6135082-001
a	Plan name	ILLINOIS TEAMSTERS JOINT COUNCIL NO. 25 AND EMPLOYERS APPRENTICESHIP A	
b	Name of plan sponsor	c	EIN-PN 43-1968605-004
a	Plan name	LOCAL NO. 1 OPERATING RESERVES	
b	Name of plan sponsor	c	EIN-PN 36-1263955-004
a	Plan name	OREGON HOMECARE WORKERS SUPPLEMENTAL TRUST	
b	Name of plan sponsor	c	EIN-PN 46-3915049-004
a	Plan name	PLUMBERS & PIPEFITTERS LOCAL 525 TRAINING & APP FUND	
b	Name of plan sponsor	c	EIN-PN 88-0068666-004
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL 502 JOINT EDUCATION & TRAINING FUND	
b	Name of plan sponsor	c	EIN-PN 61-0666924-004
a	Plan name	PLUMBERS' WELFARE FUND, LOCAL 130	
b	Name of plan sponsor	c	EIN-PN 36-2141153-004
a	Plan name	TRUST FUND FOR APPRENTICE & JOURNEYMAN EDUCATION	
b	Name of plan sponsor	c	EIN-PN 36-2598248-004
a	Plan name	ELECTRICAL WORKERS BENEFIT PLAN	
b	Name of plan sponsor	c	EIN-PN 35-0851694-501
a	Plan name	SOUTHERN CALIFORNIA BRICKLAYERS PENSION FUND	
b	Name of plan sponsor	c	EIN-PN 95-6835541-002
a	Plan name	BRICK MASONS HEALTH AND WELFARE TRUST FUND	
b	Name of plan sponsor	c	EIN-PN 95-6041102-501

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 EASTERN ATLANTIC SCHOLARSHIP FUND

b Name of plan sponsor **c** EIN-PN 22-6676052-004

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 INTERMEDIATE FIXED INCOME FUND, LLC	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL INVESTMENT SERVICES OF AMERICA, LLC	D Employer Identification Number (EIN) 20-0065449

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	11985240 15369843
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	405076557 385454913
(2) U.S. Government securities	1c(2)	306347776 318519308
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	333316475 360657003
(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)	
(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)	

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	1056726048	1080001067
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	653997	163728
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	653997	163728
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1056072051	1079837339

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)	9457446	
(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)	40390445	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49847891
(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)	994161436	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	999662385	
(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)	1724555	
(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		46071497

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)	98354	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	140026	
(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)		238380
j Total expenses. Add all expense amounts in column (b) and enter total	2j		238380

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		45833117
l Transfers of assets:			
(1) To this plan	2l(1)		133979411
(2) From this plan	2l(2)		156047240

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

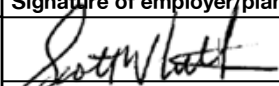
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) C
 the first return/report the final 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 INTERMEDIATE FIXED INCOME FUND, LLC	1b Three-digit plan number (PN) ▶ 004 1c Effective date of plan
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	2b Employer Identification Number (EIN) 20-0065449 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.

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
SIGN HERE	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

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
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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
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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)

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