

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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) E, 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: LORD ABBETT SMALL CAP GROWTH TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): LORD ABBETT & CO LLC, C/O STATE STREET BANK AND TRUST CO., 2323 GRAND BLVD. 5TH FLOOR, KANSAS CITY, MO 64108
2b Employer Identification Number (EIN): 87-4131667
2c Plan Sponsor's telephone number: 816-871-4100
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>LORD ABBETT SMALL CAP GROWTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LORD ABBETT &amp; CO LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-4131667</b>	

**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).....  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

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(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 15 18 19 21 50	TRUSTEE	53988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE

13-3891517

(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	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEFFERIES + COMPANY

95-2622900

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20992	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

BANK OF AMERICA

56-2058405

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14657	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LIQUIDNETEUROPE LIMITED

20 PRIMROSE  
LONDON, UNITED KINGDOM EC2M 3UG GB

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

J.P. MORGAN SECURITIES PLC

CANARY WHARF BANK STREET 25  
LONDON, UNITED KINGDOM E145JP GB

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

MORGAN STANLEY & CO., INC.

13-2655998

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10181	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GOLDMAN SACHS & CO.

13-5108880

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	9701	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COWEN AND COMPANY, LLC

84-1702964

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8579	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

UBS

677 WASHINGTON BLVD  
CONNECTICUT, CT 06901

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7662	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EVERCORE ISI

55 EAST 52ND STREET  
NEW YORK, NY 10055

(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?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6396	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**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
STATE STREET BANK AND TRUST COMPANY	10 15 18 19 21 50	0
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	MANAGEMENT FEE ON STIF CASH SWEEP 18 BPS ANNUALLY NETTED OUT OF YIELD	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EVERCORE ISI	33 71	6396
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LIQUIDNETEUROPE LIMITED	33 71	13603
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	

**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
GOLDMAN SACHS & CO.	33 71	9701
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES + COMPANY	33 71	20992
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY & CO., INC.	33 71	10181
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	

**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
BANK OF AMERICA	33 71	14657
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COWEN AND COMPANY, LLC	33 71	8579
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS	33 71	7662
(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	

**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
J.P. MORGAN SECURITIES PLC	33 71	11036

(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.	
LORD ABBETT SMALL CAP GROWTH TRUST  87-4131667	BROKER COMMISSIONS	

(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>LORD ABBETT SMALL CAP GROWTH TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LORD ABBETT &amp; CO LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>87-4131667</u>	

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

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

**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.)

<b>a</b> Plan name	INT'L BROTHERHOOD OF ELECTRICAL WORKERS' PENSION BENEFIT FUND	
<b>b</b> Name of plan sponsor	INT'L BROTHERHOOD OF ELECTRICAL WORKERS' PENSION BENEFIT FUND	<b>c</b> EIN-PN 53-0088380-001

<b>a</b> Plan name	CARPENTERS PENSION FUND OF ILLINOIS	
<b>b</b> Name of plan sponsor	BOARD OF TRUSTEES OF CARPENTERS PENSION FUND OF ILLINOIS	<b>c</b> EIN-PN 36-6147396-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LORD ABBETT SMALL CAP GROWTH TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>LORD ABBETT &amp; CO LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>87-4131667</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	7511
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3864582
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	122511971
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	116294744	126384064
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	804001	78989
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	804001	78989
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	115490743	126305075

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	62905	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		62905
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	230595	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		230595
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	157721168	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	155683134	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2038034
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	25588322	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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 <b>income</b> amounts in column (b) and enter total.....	2d		27919856

**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)		0
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)	3750	
(4) IQPA audit fees .....	2i(4)	25000	
(5) Investment advisory and investment management fees .....	2i(5)	42071	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	7481	
(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)	27222	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		105524
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		105524

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		27814332
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		17000000

**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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**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
<b>a</b> 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>b</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.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

# ***Lord Abbett Small Cap Growth Trust***

*Independent Auditor's Report, and Financial Statements  
as of and for the Year Ended December 31, 2024*

# LORD ABBETT SMALL CAP GROWTH TRUST

## TABLE OF CONTENTS

	<b>Pages</b>
Independent Auditor's Report	1-2
Condensed Schedule of Investments	3
Statement of Assets and Liabilities	4
Statement of Operations	5
Statement of Changes in Net Assets	6
Financial Highlights	7
Notes to Financial Statements	8-10



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## INDEPENDENT AUDITOR'S REPORT

To Lord Abbett Small Cap Growth Trust:

### Opinion

We have audited the financial statements of Lord Abbett Small Cap Growth Trust (the "Trust"), which comprise the statement of assets and liabilities, including the condensed schedule of investments, as of December 31, 2024, and the related statements of operations, changes in net assets, and the financial highlights for the year then ended, and the related notes to the financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as of December 31, 2024, and the results of its operations, changes in its net assets, and financial highlights for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trust's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*Deloitte & Touche LLP*

March 28, 2025

## Condensed Schedule of Investments

LORD ABBETT SMALL CAP GROWTH TRUST *December 31, 2024*

Investments	Fair Value	% of Net Assets
<b>LONG-TERM INVESTMENTS</b>		
<b>Common Stocks</b>		
Aerospace & Defense	\$4,928,396	3.90%
Automobile Components	2,067,380	1.64
Beverages	1,256,093	0.99
Biotechnology	19,826,743	15.70*
Broadline Retail	2,839,722	2.25
Building Products	1,335,197	1.06
Capital Markets	6,182,097	4.90
Construction & Engineering	6,749,801	5.34*
Consumer Staples Distribution & Retail	2,222,222	1.76
Diversified Consumer Services	3,422,366	2.71
Electronic Equipment, Instruments & Components	3,830,877	3.03
Financial Services	771,759	0.61
Food Products	2,567,235	2.03
Health Care Equipment & Supplies	4,303,167	3.41
Health Care Providers & Services	1,294,937	1.03
Health Care Technology	2,554,092	2.02
Hotels, Restaurants & Leisure	9,897,743	7.84*
Information Technology Services	3,135,698	2.48
Interactive Media & Services	3,032,302	2.40
Machinery	2,881,154	2.28
Pharmaceuticals	3,262,665	2.58
Professional Services	1,814,096	1.44
Semiconductors & Semiconductor Equipment	8,554,373	6.77*
Software	21,314,019	16.88*
Trading Companies & Distributors	2,467,837	1.95
<b>Total Common Stocks (cost \$96,498,104)</b>	<b><u>122,511,971</u></b>	<b><u>97.00</u></b>

\* No single issuer is greater than 5% of Net Assets.

The following is a summary of the inputs used as of December 31, 2024 in valuing the Trust's investments carried at fair value<sup>(1)</sup>:

Investment Type <sup>(2)</sup>	Level 1	Level 2	Level 3	Total
<b>Long-Term Investments</b>				
Common Stocks	<u>\$122,511,971</u>	<u>\$—</u>	<u>\$—</u>	<u>\$122,511,971</u>
<b>Total</b>	<b><u>\$122,511,971</u></b>	<b><u>\$—</u></b>	<b><u>\$—</u></b>	<b><u>\$122,511,971</u></b>

<sup>(1)</sup> Refer to Note 2(j) for a description of fair value measurements and the three-tier hierarchy of inputs.

<sup>(2)</sup> See Condensed Schedule of Investments for fair values in each industry and identification of foreign issuers and/or geography. The table above is presented by Investment Type. Industries are presented within an Investment Type should such Investment Type include securities classified as two or more levels within the three-tier fair value hierarchy. When applicable, each Level 3 security is identified on the Condensed Schedule of Investments along with the valuation technique utilized.

A reconciliation of Level 3 investments is presented when the Trust has a material amount of Level 3 investments at the beginning or end of the year in relation to the Trust's net assets.

See Notes to Financial Statements.

**Statement of Assets and Liabilities**  
**LORD ABBETT SMALL CAP GROWTH TRUST**

*December 31, 2024*

**ASSETS:**

Investments in securities, at cost	\$ 96,498,104
Investments in securities, at fair value	\$122,511,971
Cash	3,864,582
Receivables:	
Interest and dividends	6,864
From Manager (See Note 2(e))	<u>647</u>
<b>Total assets</b>	<u>126,384,064</u>

**LIABILITIES:**

Payables:	
Trust accounting	10,417
Professional	48,112
Partnership and tax reporting	4,375
Reports to Investors	4,167
Investor recordkeeping	3,750
Accrued expenses	<u>8,168</u>
<b>Total liabilities</b>	<u>78,989</u>

**Commitments and contingent liabilities**

<b>NET ASSETS (equivalent to \$1,092.04 per Unit based on 115,659.27 Units Outstanding)</b>	<u>—</u> <u>\$126,305,075</u>
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See Notes to Financial Statements.

**Statement of Operations**  
**LORD ABBETT SMALL CAP GROWTH TRUST**

*December 31, 2024*

<b>Investment income:</b>	
Dividends (net of foreign withholding taxes of \$18,057)	\$ 230,595
Interest and other	<u>62,905</u>
<b>Total investment income</b>	<u>293,500</u>
<b>Expenses:</b>	
Professional	48,112
Trust accounting	25,000
Custody	15,101
Partnership and tax reporting	10,500
Reports to Investors	10,000
Investor recordkeeping	9,000
Other	<u>577</u>
Gross expenses	118,290
Expenses waived or reimbursed by Manager (See Note 2(e))	<u>(12,766)</u>
<b>Net expenses</b>	<u>105,524</u>
<b>Net investment income</b>	<u>187,976</u>
<b>Net realized and unrealized gain/(loss):</b>	
Net realized gain/(loss) on investments	21,453,771
Net change in unrealized appreciation/(depreciation) on investments	<u>6,172,585</u>
<b>Net realized and unrealized gain/(loss)</b>	<u>27,626,356</u>
<b>Net Increase in Net Assets Resulting From Operations</b>	<u>\$27,814,332</u>

See Notes to Schedule of Investments.

**Statement of Changes in Net Assets**  
**LORD ABBETT SMALL CAP GROWTH TRUST**

*For the Year Ended December 31, 2024*

**INCREASE (DECREASE) IN NET ASSETS**

**Operations:**

Net investment income	\$ 187,976
Net realized gain on investments	21,453,771
Net change in unrealized appreciation/(depreciation) on investments	<u>6,172,585</u>
<b>Net increase in net assets resulting from operations</b>	<u><b>27,814,332</b></u>

**Participating Trust transactions (See Note 5):**

Cost of shares reacquired	<u>(17,000,000)</u>
<b>Net decrease in net assets resulting from Participating Trust transactions</b>	<u><b>(17,000,000)</b></u>

<b>Net increase in net assets</b>	<u><b>10,814,332</b></u>
-----------------------------------	--------------------------

**NET ASSETS:**

Beginning of year	<u>\$115,490,743</u>
<b>End of year</b>	<u><b>\$126,305,075</b></u>

See Notes to Schedule of Investments.

## Financial Highlights

### LORD ABBETT SMALL CAP GROWTH TRUST

For the Year Ended December 31, 2024

#### Per Unit Operating Performance

<b>Net asset value, beginning of year</b>	<u>\$ 887.14</u>
Investment operations:	
Net investment income <sup>(a)</sup>	1.47
Net realized and unrealized gain/(loss)	<u>203.43</u>
Total from investment operations	<u>204.90</u>
<b>Net asset value, end of year</b>	<u>\$1,092.04</u>
<b>Total Return<sup>(b)</sup></b>	23.10%
<b>Ratios to Average Monthly Net Assets<sup>(c)</sup>:</b>	
Expenses after expenses waived and/or reimbursed	0.08%
Expenses before expenses waived and/or reimbursed	0.09%
Net investment income	0.14%

<sup>(a)</sup> Calculated based on average Units outstanding during the year.

<sup>(b)</sup> Total return is based on a single Unit outstanding throughout the year. It represents the percentage change in the net asset value per Unit between the beginning and the end of the year.

<sup>(c)</sup> An individual investor's ratios may vary from the ratios shown.

## Notes to Financial Statements

### LORD ABBETT SMALL CAP GROWTH TRUST

December 31, 2024

#### 1. ORGANIZATION

Lord Abnett International Small Cap Growth Trust (the “Trust”) was established as a New Hampshire investment trust under an Agreement and Declaration of Trust (the “Agreement”) dated as of May 30, 2008 and amended from time to time. The Trust commenced operations on November 6, 2014. The Trust is intended to provide eligible investors (each an “Investor”) an opportunity to invest their assets in an investment program managed by Lord, Abnett & Co. LLC (“Lord Abnett”).

Lord Abnett, the Trust’s Investment Manager (the “Manager”), manages the investment assets of the Trust. State Street Bank and Trust Company of New Hampshire (the “Trustee”) is the Trustee of the Trust and is responsible for the custody of the Trust’s assets, performance of certain administrative functions and providing Investor recordkeeping and accounting services.

The investment objective of the Trust is to seek long-term capital appreciation. The Trust invests in a diversified portfolio of equity securities of foreign companies that the Manager believes provide exposure to both growth and value stocks.

The Trust is an investment company and applies the accounting and reporting guidance of the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification *Topic 946 Financial Services – Investment Companies*. The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases and decreases in net assets from operations during the reporting period. Actual results could differ from those estimates.

Capital terms used but not defined herein shall have the meaning assigned to them in the Agreement

#### 2. SIGNIFICANT ACCOUNTING POLICIES

**(a) Investment Valuation**—Securities actively traded on any recognized U.S. or non-U.S. exchange or on the NASDAQ Stock Market LLC are valued at the last sale price or official closing price on the exchange or system on which they are principally traded. Events occurring after the close of trading on non-U.S. exchanges may result in adjustments to the valuation of foreign securities to reflect their fair value as of the close of regular trading on the New York Stock Exchange. The Trust may utilize an independent fair valuation service in adjusting the valuations of foreign securities. Unlisted equity securities are valued at the last quoted sale price or, if no sale price is available, at the mean between the most recently quoted bid and ask prices.

Securities for which prices are not readily available are valued at fair value under fair value procedures approved by the Trustee. The Trust considers a number of factors, including observable and unobservable inputs, when arriving at fair value. The Trust may use related or comparable assets or liabilities, recent transactions, market multiples, book values and other relevant information to determine fair value of portfolio investments. The Trust regularly reviews fair value determinations, employs techniques such as reviewing related market activity, reviewing inputs and assumptions, and retrospectively comparing prices of subsequent purchases and sales transactions to fair value determinations.

Investments in open-end money market mutual funds are valued at their net asset value (“NAV”) as of the close of each business day. Short-term securities with 60 days or less remaining to maturity are valued using the amortized cost method, which approximates fair value.

**(b) Security Transactions**—Security transactions are recorded as of the date that the securities are purchased or sold (trade date). Realized gains and losses on sales of portfolio securities are calculated using the identified-cost method.

**(c) Investment Income**—Dividend income is recorded on the ex-dividend date. Interest income and other is recorded on the accrual basis as earned. Discounts are accreted and premiums are amortized using the effective interest method and are included in Interest and other income on the Statement of Operations. Withholding taxes on foreign dividends have been provided for in accordance with the applicable country’s tax rules and rates.

**(d) Income Taxes**—The Trust intends to be treated as a partnership for U.S. federal income tax purposes. As a partnership, the Trust is not itself subject to U.S. federal income tax. For income tax purposes, each Investor will be treated as a partner of the Trust and, as such, will be taxed upon its distributive share of each item of the Trust’s income, gain, loss and deductions for each taxable year of the Trust ending with or within the Investor’s taxable year.

The Trust files U.S. federal and various state and local tax returns. No income tax returns are currently under examination. The statute of limitations on the Trust’s filed U.S. federal tax returns remains open for the tax period ended September 30, 2022 through the tax year ended September 30, 2024. The statutes of limitations on the Trust’s state and local tax returns may remain open for an additional year depending upon the jurisdiction.

In accordance with ASC 740, the Trust has reviewed and evaluated uncertain tax positions and has determined that there are no uncertain tax positions that require financial statement recognition.

## Notes to Financial Statements (continued)

### LORD ABBETT SMALL CAP GROWTH TRUST

December 31, 2024

**(e) Expenses**—The Trust is responsible for and will bear its own operating expenses, including, without limitation, (i) ordinary legal and audit expenses, (ii) Trustee fees and expenses, (iii) taxes and governmental fees (i.e., withholding tax on foreign issues), (iv) all expenses incurred in connection with the acquisition or realization of investments (including brokerage commissions and transfer taxes), (v) trust administration, transfer agent, and similar administrative expenses, (vi) extraordinary expenses, including costs of litigation and certain indemnification expenses and (vii) the costs of preparing and distributing reports and notices to the investors. The Manager has voluntarily agreed to reimburse the Trust to the extent that the expenses and obligations described in (i), (ii), (v) and (vii) above, in the aggregate, exceed an annualized rate of 0.08% of the Trust’s average monthly net assets. The Manager, in its sole discretion, may from time to time increase or decrease the voluntary reimbursement by notice in writing to the Investors.

**(f) Foreign Transactions**—The books and records of the Trust are maintained in U.S. dollars and transactions denominated in foreign currencies are recorded in the Trust’s records at the rate prevailing when earned or recorded. Asset and liability accounts that are denominated in foreign currencies are adjusted monthly to reflect current exchange rates and any unrealized gain/(loss), if applicable, is included in Net change in unrealized appreciation/(depreciation) on translation of assets and liabilities denominated in foreign currencies in the Trust’s Statement of Operations. The resultant exchange gains and losses upon settlement of such transactions are included in Net realized gain/(loss) on foreign currency related transactions in the Trust’s Statement of Operations. The Trust does not isolate that portion of the results of operations arising as a result of changes in the foreign exchange rates from the changes in market prices of the securities.

The Trust uses foreign currency exchange contracts to facilitate transactions in foreign-denominated securities. Losses from these transactions may arise from changes in the value of the foreign currency or if the counterparties do not perform under the contracts’ terms.

**(g) Issuances and Redemptions of Units**—The beneficial interest in the Trust is divided into Units. The NAV of the Trust is determined as of the close of business on the last Business Day of each calendar month and at such other times as determined by mutual agreement of the Manager and Trustee (“Valuation Date”). The value of each Unit as of a Valuation Date shall be determined by dividing the NAV, as established as of such Valuation Date, by the number of Units outstanding on such Valuation Date. For purposes of valuation, the NAV shall equal the aggregate value of the assets less the value of the accrued liabilities incurred. Issuances and redemptions of Units are based upon NAV.

All eligible Investors desiring to participate in the Trust must complete and deliver to the Manager a Subscription Agreement at least five (5) Business Days prior to the relevant Valuation Date. The initial investment of an Investor must be at least \$5 million. The initial investment minimum may, however, be waived by mutual agreement between the Manager and the Trustee. Units may be redeemed by providing written notice to the Manager and Trustee at least ten (10) Business Days prior to the next available Valuation Date. A “Business Day” is any day or part of a day when the New York Stock Exchange is open for business.

**(h) Unit Allocations**—All income, profits, losses and expenses of the Trust will be allocated equally to each Unit of the Trust.

**(i) Indemnifications**—Under the Trust’s organizational documents, the Trustee may be indemnified against certain liabilities and expenses arising out of the performance of its duties to the Trust. Additionally, in the normal course of business, the Trust enters into agreements with service providers that may contain indemnification clauses. The Trust’s maximum exposure under these agreements is unknown as this would involve future claims that may be made against the Trust that have not yet occurred.

**(j) Fair Value Measurements**—Fair value is defined as the price that the Trust would receive upon selling an investment or transferring a liability in an orderly transaction to an independent buyer in the principal or most advantageous market of the investment. A three-tier hierarchy is used to maximize the use of observable market data and minimize the use of unobservable inputs and to establish classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk – for example, the risk inherent in a particular valuation technique used to measure fair value (such as a pricing model) and/or the risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability. Observable inputs are based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity’s own assumptions about the assumptions market participants would use in pricing the asset or liability. Unobservable inputs are based on the best information available in the circumstances. The three-tier hierarchy classification is determined based on the lowest level of inputs that is significant to the fair value measurement and is summarized in the three broad Levels listed below:

- Level 1 – unadjusted quoted prices in active markets for identical investments;
- Level 2 – other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.); and
- Level 3 – significant unobservable inputs (including the Trust’s own assumptions in determining the fair value of investments).

A summary of inputs used in valuing the Trust’s investments as of December 31, 2024, is included in the Trust’s Condensed Schedule of Investments.

Changes in valuation techniques may result in transfers into or out of Level 3 within the three-tier hierarchy. The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

## Notes to Financial Statements (concluded)

### LORD ABBETT SMALL CAP GROWTH TRUST

December 31, 2024

#### 3. MANAGEMENT FEE

Each Investor shall be charged directly by the Manager a fee based on the value of such Investor's investment in the Trust, which fee shall be set forth in a Subscription Agreement executed by the Investor. Accordingly, management fees are not incurred by the Trust and therefore not included on the Statement of Operations.

#### 4. INVESTMENT RISKS

The Trust is subject to the general risks and considerations associated with equity investing. These include the risks of investing in equity markets in foreign countries, the risk of investing in derivatives, liquidity risk, and the risks from leverage. The value of an investment will fluctuate in response to movements in the stock market in general, and to the changing prospects of individual companies in which the Trust invests. The Trust is subject to the risks of investing in foreign securities and in the securities of small companies. Foreign securities may pose greater risks than domestic securities, including greater price fluctuations and higher transaction costs. Foreign investments also may be affected by changes in currency rates or currency controls. These risks are generally greater for securities issued by companies in emerging market countries. Investing in small companies generally involves greater risks than investing in the stocks of larger companies, including more volatility and less liquidity.

The Trust's investment exposure to foreign (which may include emerging market) companies presents increased market, liquidity, currency, political, information and other risks. The cost of a Trust's potential use of forward foreign currency exchange contracts varies with factors such as the currencies involved, the length of the contract period and the market conditions prevailing.

The Trust is subject to the risks associated with derivatives, which may be different from and greater than the risks associated with directly investing in securities. Derivatives may be subject to risks such as liquidity risk, leveraging risk, interest rate risk, market risk, and credit risk. Illiquid securities may lower the Trust's returns since the Trust may be unable to sell these securities at their desired time or price. Derivatives also may involve the risk of mispricing or improper valuation and the risk that changes in the value of the derivative may not correlate perfectly with the value of the underlying asset, rate or index. Whether the Trust's use of derivatives is successful will depend on, among other things, the Trust's ability to correctly forecast market movements, changes in foreign exchange and interest rates, and other factors. If the Trust incorrectly forecasts these and other factors, its performance could suffer. The Trust's use of derivatives could result in a loss exceeding the amount of the Trust's investment in these instruments.

Geopolitical and other events (e.g., wars, terrorism, natural disasters, epidemics or pandemics) may disrupt securities markets and adversely affect global economies and markets, thereby decreasing the value of the Trust's investments. Market disruptions can also prevent the Trust from implementing its investment strategies and achieving its investment objective.

Adverse developments that affect financial institutions or the financial services industry generally, or concerns or rumors about any events of these kinds or other similar risks, may reduce liquidity in the market generally or have other adverse effects on the economy, the Trust or issuers in which the Trust invests. In addition, issuers in which the Trust invests and the Trust may not be able to identify all potential solvency or stress concerns with respect to a financial institution or to transfer assets from one bank or financial institution to another in a timely manner in the event such bank or financial institution comes under stress or fails.

The impacts and effects of infectious illness outbreaks, epidemics or pandemics (such as the COVID-19 outbreak), may be short term or may continue for an extended period of time. For example, a global pandemic or other widespread health crises could negatively affect the global economy, the economies of individual countries, and the financial performance of individual issuers, sectors, industries, asset classes, and markets in significant and unforeseen ways. Health crises caused by outbreaks of disease may also exacerbate other pre-existing political, social, and economic risks in certain countries or globally. The foregoing could disrupt the operations of the Trust and its service providers, adversely affect the value and liquidity of the Trust's investments, and negatively impact the Trust's performance and your investment in the Trust.

Advancements in technology may also adversely impact markets and the overall performance of the Trust. For instance, the economy may be significantly impacted by the advanced development and increased regulation of technology. As the use of technology grows, liquidity and market movements may be affected. As technology is used more widely in the asset management industry, the profitability and growth of the Trust's holdings may be impacted, which could significantly impact the overall performance of the Trust.

#### 5. UNIT TRANSACTIONS

Transactions in Units for the year ended December 31, 2024 are as follows:

	<u>Units</u>	<u>Amount</u>
Units redeemed	(14,524)	\$(17,000,000)
<u>Decrease</u>	<u>(14,524)</u>	<u>\$(17,000,000)</u>

#### 6. SUBSEQUENT EVENTS

Management has evaluated the impact of all subsequent events through March 28, 2025, the date that these financial statements were available to be issued, and determined there were no subsequent events that require an adjustment or disclosure in the financial statements.

LORD ABBETT  
 LA SMALL CAP GROWTH NHIT  
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)

(A)	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON				
	G25457105 CREDO TECHNOLOGY GROUP HOLDI	COMMON STOCK USD.00005 47,308.000	1,109,166.07	3,179,570.68
	G3323L100 FABRINET	COMMON STOCK USD.01 4,800.000	1,176,250.16	1,055,424.00
	G3730V105 FTAI AVIATION LTD	COMMON STOCK USD1.0 17,133.000	1,630,932.09	2,467,837.32
	M2682V108 CYBERARK SOFTWARE LTD/ISRAEL	COMMON STOCK ILS.01 8,611.000	1,516,150.18	2,868,754.65
	M5216V106 GLOBAL E ONLINE LTD	COMMON STOCK 26,639.000	1,440,551.09	1,452,624.67
	M7S64H106 MONDAY.COM LTD	COMMON STOCK 2,823.000	535,577.49	664,647.12
	M98068105 WIX.COM LTD	COMMON STOCK ILS.01 10,794.000	1,659,047.99	2,315,852.70
	V5633W109 MAKEMYTRIP LTD	COMMON STOCK 16,840.000	944,105.97	1,890,795.20
	000360206 AAON INC	COMMON STOCK USD.004 11,346.000	965,695.56	1,335,197.28
	000899104 ADMA BIOLOGICS INC	COMMON STOCK USD.0001 87,449.000	1,337,788.64	1,499,750.35
	00847J105 AGILYSYS INC	COMMON STOCK USD.3 20,988.000	1,801,220.16	2,764,329.48
	03940C100 ARCELLX INC	COMMON STOCK USD.001 26,884.000	1,430,444.11	2,061,733.96
	04626A103 ASTERA LABS INC	COMMON STOCK USD.0001 22,046.000	1,148,653.06	2,919,992.70
	09627Y109 BLUEPRINT MEDICINES CORP	COMMON STOCK USD.001 10,979.000	983,501.98	957,588.38
	148929102 CAVA GROUP INC	COMMON STOCK USD.0001 21,060.000	1,175,269.66	2,375,568.00
	18467V109 CLEAR SECURE INC CLASS A	COMMON STOCK USD.00001 41,398.000	1,199,242.94	1,102,842.72
	185123106 CLEARWATER ANALYTICS HDS A	COMMON STOCK USD.001 32,917.000	1,057,908.49	905,875.84
	199908104 COMFORT SYSTEMS USA INC	COMMON STOCK USD.01 5,640.000	1,042,485.96	2,391,698.40
	21044C107 CONSTRUCTION PARTNERS INC A	COMMON STOCK USD.001 10,371.000	979,372.59	917,418.66
	21874A106 CORE SCIENTIFIC INC	COMMON STOCK USD.0001 58,352.000	1,049,402.47	819,845.60

LORD ABBETT  
LA SMALL CAP GROWTH NHIT  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

(A)	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	224408104 CRANE CO	COMMON STOCK USD1.0 10,605.000	1,454,654.26	1,609,308.75
	22663K107 CRINETICS PHARMACEUTICALS IN	COMMON STOCK USD.001 21,553.000	893,378.52	1,102,004.89
	249906108 DESCARTES SYSTEMS GRP/THE	COMMON STOCK 13,040.000	1,176,403.91	1,481,344.00
	26603R106 DUOLINGO	COMMON STOCK USD.0001 3,746.000	1,003,852.64	1,214,565.58
	26622P107 DOXIMITY INC CLASS A	COMMON STOCK USD.001 26,424.000	958,860.17	1,410,777.36
	26701L100 DUTCH BROS INC CLASS A	COMMON STOCK USD.00001 19,923.000	1,031,005.76	1,043,566.74
	29977A105 EVERCORE INC A	COMMON STOCK USD.01 6,892.000	1,389,155.24	1,910,393.48
	358039105 FRESHPET INC	COMMON STOCK USD.001 10,731.000	1,122,127.00	1,589,368.41
	37637K108 GITLAB INC CL A	COMMON STOCK USD.0000025 10,936.000	648,051.79	616,243.60
	377322102 GLAUKOS CORP	COMMON STOCK USD.001 20,600.000	1,803,893.52	3,088,764.00
	40171V100 GUIDEWIRE SOFTWARE INC	COMMON STOCK USD.0001 11,464.000	1,179,286.49	1,932,601.12
	407497106 HAMILTON LANE INC CLASS A	COMMON STOCK USD.001 11,782.000	1,320,728.37	1,744,325.10
	453204109 IMPINJ INC	COMMON STOCK USD.001 6,671.000	1,032,160.50	969,029.46
	457669307 INSMED INC	COMMON STOCK USD.01 28,295.000	1,842,329.64	1,953,486.80
	45827U109 INTAPP INC	COMMON STOCK USD.001 19,085.000	1,015,866.22	1,223,157.65
	46116X101 INTRA CELLULAR THERAPIES INC	COMMON STOCK USD.0001 18,847.000	1,389,216.61	1,574,101.44
	465741106 ITRON INC	COMMON STOCK 15,452.000	1,511,517.30	1,677,778.16
	47103J105 JANUX THERAPEUTICS INC	COMMON STOCK USD.001 37,698.000	2,151,064.58	2,018,350.92
	49845K101 KLAVIYO INC A	COMMON STOCK USD.001 30,826.000	1,203,560.09	1,271,264.24
	50077B207 KRATOS DEFENSE + SECURITY	COMMON STOCK USD.001 39,077.000	974,644.79	1,030,851.26
	501147102 KRYSTAL BIOTECH INC	COMMON STOCK USD.00001 7,291.000	903,447.52	1,142,208.06
	53190C102 LIFE TIME GROUP HOLDINGS INC	COMMON STOCK USD.01 65,002.000	1,552,775.09	1,437,844.24

LORD ABBETT  
LA SMALL CAP GROWTH NHIT  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)

(A)	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	53947R105 LOAR HOLDINGS INC	COMMON STOCK NPV 30,453.000	1,580,574.81	2,250,781.23
	55405Y100 MACOM TECHNOLOGY SOLUTIONS H	COMMON STOCK USD.001 11,437.000	1,378,496.58	1,485,780.67
	558868105 MADRIGAL PHARMACEUTICALS INC	COMMON STOCK USD.0001 1,978.000	707,138.84	610,351.46
	565394103 MAPLEBEAR INC	COMMON STOCK USD.0001 27,019.000	957,872.89	1,119,126.98
	576323109 MASTEC INC	COMMON STOCK USD.1 7,136.000	976,650.63	971,495.04
	60471A101 MIRION TECHNOLOGIES INC	COMMON STOCK USD.0001 62,904.000	942,542.82	1,097,674.80
	604749101 MIRUM PHARMACEUTICALS INC	COMMON STOCK 16,380.000	643,866.84	677,313.00
	607828100 MODINE MANUFACTURING CO	COMMON STOCK USD.625 17,833.000	1,905,324.40	2,067,379.69
	615394202 MOOG INC CLASS A	COMMON STOCK USD1.0 8,366.000	1,579,972.67	1,646,763.44
	632307104 NATERA INC	COMMON STOCK 12,266.000	790,867.77	1,941,707.80
	670703107 NUVALENT INC A	COMMON STOCK USD.0001 11,975.000	832,097.59	937,403.00
	681116109 OLLIE S BARGAIN OUTLET HOLDI	COMMON STOCK USD.001 12,641.000	1,291,593.25	1,387,096.93
	70202L102 PARSONS CORP	COMMON STOCK USD1.0 19,665.000	1,288,924.90	1,814,096.25
	724078100 PIPER SANDLER COS	COMMON STOCK USD.01 8,426.000	1,456,969.02	2,527,378.70
	741623102 PRIMO BRANDS CORP	COMMON STOCK USD.01 40,822.000	920,093.53	1,256,092.94
	74164F103 PRIMORIS SERVICES CORP	COMMON STOCK USD.0001 10,456.000	664,098.42	798,838.40
	74276L105 PROCEPT BIOROBOTICS CORP	COMMON STOCK USD.00001 15,082.000	1,079,598.74	1,214,402.64
	74736L109 Q2 HOLDINGS INC	COMMON STOCK USD.0001 22,117.000	1,772,745.34	2,226,076.05
	75734B100 REDDIT INC CL A	COMMON STOCK USD.0001 18,553.000	1,334,928.08	3,032,302.32
	75960P104 REMITLY GLOBAL INC	COMMON STOCK USD.0001 34,194.000	722,308.14	771,758.58
	76155X100 REVOLUTION MEDICINES INC	COMMON STOCK 33,410.000	1,570,603.20	1,461,353.40
	78473E103 SPX TECHNOLOGIES INC	COMMON STOCK USD.01 8,740.000	1,246,514.80	1,271,844.80

LORD ABBETT  
 LA SMALL CAP GROWTH NHIT  
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)

(A)	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	81663L200 GENEDX HOLDINGS CORP	COMMON STOCK USD.0001 16,848.000	1,328,284.30	1,294,937.28
	81764X103 SERVICETITAN INC A	COMMON STOCK USD.001 1,987.000	141,077.00	204,402.69
	819047101 SHAKE SHACK INC CLASS A	COMMON STOCK USD.01 7,610.000	1,005,739.14	987,778.00
	85205L107 SPRINGWORKS THERAPEUTICS INC	COMMON STOCK USD.0001 37,797.000	1,715,517.93	1,365,605.61
	85208M102 SPROUTS FARMERS MARKET INC	COMMON STOCK USD.001 8,681.000	657,555.22	1,103,094.67
	859241101 STERLING INFRASTRUCTURE INC	COMMON STOCK USD.01 9,916.000	828,057.91	1,670,350.20
	86333M108 STRIDE INC	COMMON STOCK USD.0001 11,327.000	1,034,696.93	1,177,215.11
	87043Q108 SWEETGREEN INC CLASS A	COMMON STOCK USD.001 67,442.000	2,164,486.52	2,162,190.52
	87650L103 TARSUS PHARMACEUTICALS INC	COMMON STOCK USD.0001 30,496.000	1,474,444.04	1,688,563.52
	913915104 UNIVERSAL TECHNICAL INSTITUT	COMMON STOCK USD.0001 40,085.000	1,019,065.89	1,030,585.35
	922280102 VARONIS SYSTEMS INC	COMMON STOCK USD.001 20,908.000	942,021.44	928,942.44
	92243G108 VAXCYTE INC	COMMON STOCK USD.001 10,042.000	779,527.49	822,038.12
	92337R101 VERA THERAPEUTICS INC	COMMON STOCK USD.001 30,169.000	1,377,057.01	1,275,847.01
	92538J106 VERTEX INC CLASS A	COMMON STOCK USD.001 40,730.000	1,538,592.18	2,172,945.50
	92847W103 VITAL FARMS INC	COMMON STOCK USD.0001 25,945.000	1,002,708.72	977,867.05
	946784105 WAYSTAR HOLDING CORP	COMMON STOCK USD.01 31,153.000	1,082,751.47	1,143,315.10
	98956A105 ZETA GLOBAL HOLDINGS CORP A	COMMON STOCK USD.001 52,840.000	1,021,990.49	950,591.60
		----- 1,796,147.000	----- 96,498,103.61	----- 122,511,970.86

LORD ABBETT  
 LA SMALL CAP GROWTH NHIT  
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS  
 (HELD AT END OF YEAR)

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	0.000	0.00	0.00
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	1,796,147.000	96,498,103.61	122,511,970.86
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	0.000	0.00	0.00
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	0.000	0.00	0.00
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	1,796,147.000 =====	96,498,103.61 =====	122,511,970.86 =====