

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) C
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NIS TOTAL ABSOLUTE RETURN QP FUND, LLC
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL INVESTMENT SERVICES OF AMERICA, LLC 777 E. WISCONSIN AVE. SUITE 2350 MILWAUKEE, WI 53202
2b	Employer Identification Number (EIN) 82-4069919
2c	Plan Sponsor's telephone number 414-765-1980
2d	Business code (see instructions)

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	06/09/2026	SCOTT VAN LITH
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2025 This Form is Open to Public Inspection.	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025					
A Name of plan NIS TOTAL ABSOLUTE RETURN QP FUND, LLC				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL INVESTMENT SERVICES OF AMERICA, LLC				D Employer Identification Number (EIN) 82-4069919	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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a Name of MTIA, CCT, PSA, or 103-1					

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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ADMINISTRATIVE DISTRICT COUNCIL 1 PENSION FUND	c EIN-PN 36-6489098-001
a	Plan name	ADMINISTRATIVE DISTRICT COUNCIL 1 WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ADMINISTRATIVE DISTRICT COUNCIL NO. 1 WELFARE FUN	c EIN-PN 36-2150067-501
a	Plan name	ADMINISTRATIVE DISTRICT COUNCIL 1 WELFARE FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ADMINISTRATIVE DISTRICT COUNCIL NO. 1 WELFARE FUN	c EIN-PN 36-2150067-501
a	Plan name	ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ANNUITY FUND OF OPERATING ENGINEERS LOCAL 513	c EIN-PN 43-1712261-001
a	Plan name	CHICAGO AREA IB OF T HEALTH AND WELFARE PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF CHICAGO AREA IB OF T HEALTH & WELFARE FUND	c EIN-PN 36-2187389-501
a	Plan name	CHICAGO AREA IB OF T SEVERANCE AND RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES CHICAGO AREA IBT SEVERANCE AND RETIREMENT TRUST FUND	c EIN-PN 36-3296789-002
a	Plan name	DESERT STATES EMPLOYERS & UFCW UNIONS PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, DESERT STATES EMPLOYERS & UFCW	c EIN-PN 84-6277982-001
a	Plan name	EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN	
b	Name of plan sponsor	EAST BAY RESTAURANT & TAVERN RETIREMENT PLAN	c EIN-PN 94-6076428-001
a	Plan name	ELECTRICAL CONSTRUCTION INDUSTRY PREFUNDING CREDIT REIMBURSEMENT PROGR	
b	Name of plan sponsor	ELECTRICAL CONSTRUCTION INDUSTRY PREFUNDING CREDIT REIMBURSEMENT PROGR	c EIN-PN 39-1291995-502
a	Plan name	FOX VALLEY & VICINITY CONSTRUCTION WORKERS PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF THE FOX VALLEY CONST WORKERS PENSION	c EIN-PN 36-6147407-001
a	Plan name	INTL UNION OF OPERATING ENGRS LOCAL UNIONS 181, 320 WELFARE TRUST FUND	
b	Name of plan sponsor	INTL UNION OF OPERATING ENGRS LOCAL UNIONS 181 320 WELFARE TRUST	c EIN-PN 23-7003337-501
a	Plan name	IRON WORKERS' HEALTH FUND OF EASTERN MICHIGAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, IRON WORKERS LOCAL NO. 25	c EIN-PN 38-6216995-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name IRON WORKERS' LOCAL NO. 25 PENSION FUND		
b	Name of plan sponsor BOARD OF TRUSTEES, IRON WORKERS LOCAL NO. 25	c	EIN-PN 38-6056780-001
a	Plan name OHIO CONFERENCE OF TEAMSTERS AND INDUSTRY HEALTH AND WELFARE FUND		
b	Name of plan sponsor BOARD OF TRUSTEES OF OH CONFERENCE TEAMSTERS AND IND HLTH & WELFARE	c	EIN-PN 31-6029682-501
a	Plan name PLUMBERS & PIPEFITTERS LOCAL UNION NO. 572 PENSION FUND		
b	Name of plan sponsor PLUMBERS & PIPEFITTERS LOCAL UNION NO. 572 PENSION FUND	c	EIN-PN 62-6102837-001
a	Plan name PLUMBERS & PIPEFITTERS LOCALS 502 & 633 HEALTH & W		
b	Name of plan sponsor TRUSTEES OF PLUMBERS & PIPEFITTERS LOCAL 502 & 633 HEALTH & WELFARE TR	c	EIN-PN 61-0655187-501
a	Plan name PLUMBERS AND STEAMFITTERS LOCAL 102 PENSION PLAN		
b	Name of plan sponsor PLUMBERS & STEAMFITTERS LOCAL UNION NO. 102	c	EIN-PN 62-6077945-001
a	Plan name PLUMBERS LOCAL NO. 8 PENSION PLAN		
b	Name of plan sponsor PLUMBERS LOCAL NO. 8 PENSION PLAN	c	EIN-PN 44-6010180-001
a	Plan name PLUMBING AND PIPEFITTING INDUSTRY LOCAL 219 PENSION PLAN		
b	Name of plan sponsor TRUSTEES OF LOCAL 219 PENSION TRUST	c	EIN-PN 34-6682376-001
a	Plan name S.E.I.U PENSION PLANS MASTER TRUST		
b	Name of plan sponsor BD OF TTEES OF THE S.E.I.U PENSION PLANS MASTER TRUST	c	EIN-PN 56-6680924-001
a	Plan name SHOPMEN'S IRON WORKERS RETIREMENT FUND OF SOUTHERN CALIFORNIA		
b	Name of plan sponsor JT BOARD OF TRUSTEES, SHOPMEN'S IRON WORKERS RETIREMENT FUND	c	EIN-PN 95-6042233-002
a	Plan name SOFT DRINK INDUSTRY PENSION FUND		
b	Name of plan sponsor TRUSTEES OF SOFT DRINK INDUSTRY PENSION FUND	c	EIN-PN 36-6051352-001
a	Plan name STUDIO MECHANICS LOCAL 476 ANNUITY PLAN		
b	Name of plan sponsor BOARD OF TRUSTEES STUDIO MECHANICS LOCAL 476 ANNUITY FUND	c	EIN-PN 36-3828094-002
a	Plan name WELFARE FUND OF ENGINEERS LOCAL 513		
b	Name of plan sponsor WELFARE FUND OF ENGINEERS LOCAL UNION 513	c	EIN-PN 43-6071748-501

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name CONSTRUCTION LABORERS PENSION TRUST FOR SOUTHERN CALIFORNIA		
b Name of plan sponsor	c EIN-PN	45-6159056-001
a Plan name HOLLYWOOD POLICE OFFICERS' RETIREMENT SYSTEM		
b Name of plan sponsor	c EIN-PN	59-6904194-001
a Plan name LABORERS HEALTH AND WELFARE TRUST FUND FOR SOUTHERN CALIFORNIA		
b Name of plan sponsor	c EIN-PN	95-6093677-001
a Plan name PARK EMPLOYEES AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FU		
b Name of plan sponsor	c EIN-PN	36-6002135-001
a Plan name ST. PETERSBURG FLORIDA FIREFIGHTERS PENSION FUND		
b Name of plan sponsor	c EIN-PN	59-6143398-001
a Plan name UNITED STEELWORKERS OF AMERICA, AFL-CIO-CLC HIGHWAY CONTRACTORS MULTI- EMPLOYER PENSION PLAN		
b Name of plan sponsor	c EIN-PN	61-0915309-001
a Plan name IBEW LOCAL 150 PENSION PLAN		
b Name of plan sponsor	c EIN-PN	36-6140629-001
a Plan name INT'L ASSOCIATION OF HEAT AND FROST INSULATORS LOCAL 17 WELFARE FUND		
b Name of plan sponsor	c EIN-PN	36-6600740-501
a Plan name TRI-COUNTY BUILDING TRADES HEALTH FUND		
b Name of plan sponsor	c EIN-PN	34-0751987-501
a Plan name U.F.C.W. AND EMPLOYERS KANSAS AND MISSOURI HEALTH AND WELFARE TRUST FU		
b Name of plan sponsor	c EIN-PN	43-0797957-501
a Plan name AUTOMOTIVE MACHINISTS PENSION TRUST		
b Name of plan sponsor	c EIN-PN	91-6123687-001
a Plan name STANISLAUS COUNTY EMPLOYEES' RETIREMENT ASSOCIATION		
b Name of plan sponsor	c EIN-PN	94-6084280-001

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

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

a	Plan name	SOUTHEASTERN PIPETRADES HEALTH & WELFARE FUND	
b	Name of plan sponsor	c	EIN-PN 58-1903188-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 719 PENSION TRUST FUND	
b	Name of plan sponsor	c	EIN-PN 59-6178477-001
a	Plan name	MIDWEST PENSION PLAN	
b	Name of plan sponsor	c	EIN-PN 36-6512748-001
a	Plan name	CENTRAL STATES JOINT BOARD HEALTH & WELFARE FUND	
b	Name of plan sponsor	c	EIN-PN 36-2376645-001
a	Plan name	CENTRAL STATES STAFF PENSION PLAN	
b	Name of plan sponsor	c	EIN-PN 36-3077317-001
a	Plan name	PLUMBERS AND PIPEFITTERS LOCAL UNION NO. 572 H&W FUND	
b	Name of plan sponsor	c	EIN-PN 62-0786559-001
a	Plan name		
b	Name of plan sponsor	c	EIN-PN
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SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NIS TOTAL ABSOLUTE RETURN QP FUND, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL INVESTMENT SERVICES OF AMERICA, LLC	D Employer Identification Number (EIN) 82-4069919	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	659713	2808054
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58946592	98361809
(2) U.S. Government securities	1c(2)	1286624	1076984
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	24943697	49605084
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e).....	1f	85836626	151851931

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j	296960	41150
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	296960	41150

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	85539666	151810781
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	10460	
(C) Corporate debt instruments	2b(1)(C)	8282941	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8293401
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	63832989	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	63831212	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1777
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2035296	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2035296

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10330474

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	70539	
(5) Investment advisory and investment management fees	2i(5)	-22735	
(6) Bank or trust company trustee/custodial fees	2i(6)	18854	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		66658
j Total expenses. Add all expense amounts in column (b) and enter total	2j		66658

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10263816
l Transfers of assets:			
(1) To this plan	2l(1)		74470000
(2) From this plan	2l(2)		18462701

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

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

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

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

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

(1) Name:

(2) EIN:

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

(1) ☒ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☒ a DFE (specify) C
	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan NIS TOTAL ABSOLUTE RETURN QP FUND, LLC	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL INVESTMENT SERVICES OF AMERICA, LLC 777 E. WISCONSIN AVE. SUITE 2350 MILWAUKEE WI 53202	2b Employer Identification Number (EIN) 82-4069919
	2c Plan Sponsor's telephone number 414-765-1980
	2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		6/9/2026	SCOTT VAN LITH
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) ☐ **DCG** (Individual Plan Information) - Number Attached ____
(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information - Small Plan)
(3) ☐ **A** (Insurance Information) - Number Attached ____
(4) ☐ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)