

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE 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): NEUBERGER BERMAN INVESTMENT ADVISERS LLC
2b Employer Identification Number (EIN): 81-4341513
2c Plan Sponsor's telephone number: 800-223-6448
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.

<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> 0 <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 <u>0</u> (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>NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC</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>NEUBERGER BERMAN INVESTMENT ADVISERS LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>81-4341513</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)

NEUBERGER BERMAN INVESTMENT ADVISER

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	FUND SPONSOR	4185192	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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 13 19	CUSTODIAN	420763	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)

ERNST & YOUNG LTD.

98-0677326

(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	NONE	145107	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"/>

**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)

PRICEWATERHOUSECOOPERS LLP

13-4008324

(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	NONE	57016	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)

STATE STREET BANK AND TRUST

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 13 19	CUSTODIAN	8109	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)

(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.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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>	<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 <u>NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC</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>NEUBERGER BERMAN INVESTMENT ADVISERS LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>81-4341513</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)
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<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)



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 BUILDING TRADES UNITED PENSION TRUST FUND MILWAUKEE AND VICINITY	
<b>b</b>	Name of plan sponsor BUILDING TRADES UNITED PENSION TRUST FUND	<b>c</b> EIN-PN 51-6049409-001
<b>a</b>	Plan name CARPENTERS' HEALTH AND WELFARE TRUST FUND OF ST. LOUIS	
<b>b</b>	Name of plan sponsor CARPENTERS HEALTH AND WELFARE TRUS	<b>c</b> EIN-PN 43-0658432-501
<b>a</b>	Plan name CARPENTERS' PENSION TRUST FUND OF ST. LOUIS	
<b>b</b>	Name of plan sponsor CARPENTERS PENSION TRUST FUND OF S	<b>c</b> EIN-PN 43-6117344-001
<b>a</b>	Plan name CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND	<b>c</b> EIN-PN 37-1234126-001
<b>a</b>	Plan name CHICAGO & VICINITY LABORERS' DISTRICT COUNCIL PENSION PLAN	
<b>b</b>	Name of plan sponsor BD OF TRUSTEES CHICAGO & VICINITY LABORERS DIST. COUNCIL H&W FUND	<b>c</b> EIN-PN 36-2514514-002
<b>a</b>	Plan name CONSTRUCTION INDUSTRY LABORERS PENSION FUND	
<b>b</b>	Name of plan sponsor CONSTRUCTION INDUSTRY LABORERS PENS	<b>c</b> EIN-PN 43-6060737-001
<b>a</b>	Plan name CONSTRUCTION INDUSTRY LABORERS WELFARE FUND	
<b>b</b>	Name of plan sponsor CONSTRUCTION INDUSTRY LABORERS WELF	<b>c</b> EIN-PN 44-0568755-501
<b>a</b>	Plan name CONSTRUCTION LABORERS' PENSION TRUST OF GREATER ST. LOUIS	
<b>b</b>	Name of plan sponsor TRUSTEES, CONSTRUCTION LABORERS PE	<b>c</b> EIN-PN 43-6142465-001
<b>a</b>	Plan name EMPLOYERS AND LABORERS' LOCALS 100 & 397 TRUST	
<b>b</b>	Name of plan sponsor EMPLOYERS AND LABORERS LOCALS 100 & 397 PENSION FUND	<b>c</b> EIN-PN 37-6085017-001
<b>a</b>	Plan name GLAZIERS, ARCHITECTURAL METAL & GLASS WORKERS LOCAL UNION #513	
<b>b</b>	Name of plan sponsor TTEES OF GLAZIERS, ARCHIT. WORKERS	<b>c</b> EIN-PN 43-6058944-001
<b>a</b>	Plan name GREATER ST. LOUIS CONSTRUCTION LABORERS WELFARE FUND	
<b>b</b>	Name of plan sponsor GREATER ST. LOUIS CONSTRUCTION	<b>c</b> EIN-PN 43-0688695-003
<b>a</b>	Plan name HEAT AND FROST INSULATORS PENSION PLAN	
<b>b</b>	Name of plan sponsor HEAT AND FROST INSULATORS	<b>c</b> EIN-PN 38-6060516-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(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	INDIANA LABORERS PENSION FUND	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES - INDIANA LABORER	<b>c</b> EIN-PN 35-6027150-001
<b>a</b>	Plan name	INTERNATIONAL ASSOCIATION OF SHEET METAL, AIR, RAIL AND TRANSPORTATION WORKERS (SMART) LOCAL NO. 36 WELFARE PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL ASSOCIATION OF SHEET METAL AIR, RAIL AND TRANSPORTATION	<b>c</b> EIN-PN 43-0681778-501
<b>a</b>	Plan name	PENSION PLAN FOR LOCAL UNION 527 OF OPERATIVE PLASTERERS AND CEMENT MASONS	
<b>b</b>	Name of plan sponsor	OPERATIVE PLASTERERS & CEMENT MASONS LOCAL 527 PENSION TRUST	<b>c</b> EIN-PN 51-0179270-001
<b>a</b>	Plan name	PLUMBERS PENSION FUND LOCAL 130 U.A.	
<b>b</b>	Name of plan sponsor	TTEES OF THE PLUMBERS PEN. FD LOCAL	<b>c</b> EIN-PN 36-2247858-001
<b>a</b>	Plan name	RESTATED RETIREMENT PLAN FOR DO IT BEST CORP	
<b>b</b>	Name of plan sponsor	DO IT BEST CORP.	<b>c</b> EIN-PN 35-0792867-001
<b>a</b>	Plan name	S.E.I.U PENSION PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	BD OF TTEES OF THE S.E.I.U PENSION PLANS MASTER TRUST	<b>c</b> EIN-PN 56-6680924-001
<b>a</b>	Plan name	SOUTHERN ILLINOIS LABORERS AND EMPLOYERS ANNUITY FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES OF SOUTHERN ILLINOIS LABOR	<b>c</b> EIN-PN 37-1215679-001
<b>a</b>	Plan name	TEAMSTERS LOCAL 301 PENSION FUND	
<b>b</b>	Name of plan sponsor	TRUSTEES OF TEAMSTERS LOCAL 301	<b>c</b> EIN-PN 36-6492992-001
<b>a</b>	Plan name	WELS VEBA GROUP HEALTH CARE PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN EVANGELICAL LUTHERAN SYNOD	<b>c</b> EIN-PN 39-1522925-501
<b>a</b>	Plan name	WEST MI PLUMBERS FITTERS & SERVICE TRADES LOCAL UNION NO. 174 PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES WEST MI PLUMBERS LOCAL UNION NO 174 PENSION PLAN	<b>c</b> EIN-PN 38-1796240-001
<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>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>NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC</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>NEUBERGER BERMAN INVESTMENT ADVISERS LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>81-4341513</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>	44868550	0
<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>	79641390	12871400
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	128501587
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1360187652	1429154515
<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>		
<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>	1484697592	1570527502
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	1275476	1337010
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	53791808	40219632
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	55067284	41556642
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1429630308	1528970860

**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>	5538187	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	34286786	
<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>		39824973
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<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>		0
(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>	1365088692	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1193072405	
<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>		172016287
<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>	-31767386	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-31767386

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		180073874

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	503032	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	145107	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4229666	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	43187	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4920992
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4920992

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		175152882
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		21650000
(2) From this plan .....	<b>2l(2)</b>		97462330

**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: **ERNST & YOUNG LTD.**

(2) EIN: **98-0677326**

**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 \_\_\_\_\_.

AUDITED FINANCIAL STATEMENTS

Neuberger Berman U.S. Equity Index PutWrite Fund LLC  
For the year ended December 31, 2024  
With Report of Independent Auditors

**NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

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## Report of Independent Auditors

The Manager  
Neuberger Berman U.S. Equity Index PutWrite Fund LLC

### Opinion

We have audited the financial statements of Neuberger Berman U.S. Equity Index PutWrite Fund LLC (the “Fund”), 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 and changes in members’ interests for the year then ended, and the related notes (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 Fund at December 31, 2024, and the results of its operations and changes in its members’ interests 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 Fund 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 of 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 Fund’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 of 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.



**Shape the future  
with confidence**

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 Fund'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 Fund'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.

*Ernst & Young Ltd.*

March 6, 2025

**NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC**  
(A limited liability company established under the laws of the state of Delaware)

**Statement of Assets and Liabilities**

December 31, 2024  
(expressed in United States dollars)

<b>Assets</b>	\$	
Cash and cash equivalents		128,501,587
Investments in securities, at fair value (amortized cost \$1,427,367,334) (Note 2)		1,429,154,515
Receivable from Neuberger Berman Investment Advisers LLC		107,159
Due from broker(s)		3,260,347
Interest receivable		9,503,894
<b>Total assets</b>	\$	<b><u>1,570,527,502</u></b>
<b>Liabilities and members' Interests</b>	\$	
Written put options, at fair value (proceeds \$17,889,456) (Notes 2 and 3)		29,801,420
Due to broker(s)		10,018,212
Management fee payable		1,169,157
Capital redemptions payable		400,000
Accounts payable and accrued expenses		167,853
<b>Total liabilities</b>		<b><u>41,556,642</u></b>
General members' interests		1,528,969,123
Associated members' interests		1,737
<b>Total liabilities and members' interests</b>	\$	<b><u>1,570,527,502</u></b>

*See accompanying notes to financial statements*

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Condensed Schedule of Investments

December 31, 2024  
(expressed in United States dollars)

	Principal (000's)	Fair Value as Percentage of Members' Interest	Fair Value
<b>Investments in securities, at fair value</b>			
<b>Government Bonds</b>			
North America			
United States of America Treasury Notes, 1.75% - 4.63% coupon Maturity - 15/03/2025-15/12/2026 (Amortized cost \$1,427,367,334)	1,430,100	93.47 %	\$ 1,429,154,515
Total North America (amortized cost - \$1,427,367,334)		<u>93.47</u>	<u>1,429,154,515</u>
<b>Total Government Bonds (amortized cost - \$1,427,367,334)</b>		<u><b>93.47</b></u>	<u><b>1,429,154,515</b></u>
<b>Derivatives</b>			
<b>Written Put Options</b>			
North America			
Financial		(1.95)	(29,801,420)
Total North America (proceeds - \$17,889,456)		<u>(1.95)</u>	<u>(29,801,420)</u>
<b>Total Derivatives (proceeds - \$17,889,456)</b>		<u><b>(1.95)</b></u>	<u><b>(29,801,420)</b></u>

*See accompanying notes to financial statements*

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Statement of Operations

For the year ended December 31, 2024  
(expressed in United States dollars)

### Investment income

Interest income	\$ 39,824,973
	<u>39,824,973</u>

### Expenses

Management fee	(4,634,881)
Administration fee	(503,032)
Professional fees and other expenses	(188,294)
<b>Total expenses</b>	<u><b>(5,326,207)</b></u>

Expense reimbursement	405,215
<b>Total net expenses</b>	<u><b>(4,920,992)</b></u>

<b>Net investment income/(loss)</b>	<u><b>34,903,981</b></u>
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### Net realized gain/(loss) and net change in unrealized gain/(loss) on investments in securities and derivatives

Net realized gain/(loss) on investments in securities	48,655,925
Net realized gain/(loss) on derivatives	123,360,362
Net change in unrealized gain/(loss) on investments in securities	(16,972,968)
Net change in unrealized gain/(loss) on derivatives	(14,794,418)
	<u><b>140,248,901</b></u>

<b>Net increase/(decrease) in members' interests resulting from operations</b>	<u><u><b>\$ 175,152,882</b></u></u>
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*See accompanying notes to financial statements*

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Statement of Changes in Members' Interests

For the year ended December 31, 2024  
(expressed in United States dollars)

	<b>Associated Members' Interests</b>	<b>General Members' Interests</b>	<b>Total</b>
<b>Members' interests at January 1, 2024</b>	\$ 1,546	\$ 1,429,628,762	\$ 1,429,630,308
Capital contributions	-	21,650,000	21,650,000
Capital redemptions	-	(97,462,330)	(97,462,330)
Net increase/(decrease) in members' interests resulting from operations	191	175,152,691	175,152,882
<b>Members' interests at December 31, 2024</b>	<b>\$ 1,737</b>	<b>\$ 1,528,969,123</b>	<b>\$ 1,528,970,860</b>

*See accompanying notes to financial statements*

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 1. Organization

Neuberger Berman U.S. Equity Index PutWrite Fund LLC (the "Fund") is a limited liability company organized under the laws of the state of Delaware on November 1, 2016. The Fund commenced operations on February 1, 2017. The investment objective of the Fund is to seek to provide investors with long-term capital growth through an investment strategy of writing collateralized put options on U.S. indices and exchange-traded funds and through investments in fixed income instruments.

Neuberger Berman Investment Advisers LLC (the "Manager", "Investment Adviser" or "NBIA"), a Delaware limited liability company and wholly-owned subsidiary of Neuberger Berman Group LLC ("Neuberger Berman"), has served as the Fund's manager and investment adviser since inception of the Fund. As Manager, NBIA is responsible for the operation and administration of the Fund. As Investment Adviser, NBIA conducts the investment activities of the Fund. NBIA is registered as an investment adviser with the United States Securities and Exchange Commission (the "SEC") under the Investment Advisers Act of 1940, as amended. NBIA is also registered with the Commodity Futures Trading Commission (the "CFTC") as a commodity pool operator and commodity trading adviser and is a member of the National Futures Association.

Neuberger Berman BD LLC ("NB BD LLC"), which is registered with the SEC as a broker dealer and is a member of the Financial Industry Regulatory Authority, Inc., serves as a placement agent (the "Placement Agent") for interests in the Fund.

UBS Securities LLC ("UBS") acts as the Fund's options clearing broker and as such performs clearing services with respect to options for the Fund. Cash and fixed income investments are held at UBS for margin purposes.

U.S. Bank National Association acts as the Fund's custodian with respect to the Fund's cash and fixed income investments.

U.S. Bancorp Fund Services, LLC, (the "Administrator"), provides administrative services to the Fund. The Fund pays the Administrator a monthly service fee equal to a percentage of the Fund's net assets and may pay a fixed minimum annual fee and other customary expenses as set forth in the administrative services agreement between the parties.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 2. Significant Accounting Policies

#### (a) Basis of Presentation

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) and are expressed in U.S. dollars. All adjustments considered necessary for the fair presentation of the financial statements, for the year presented, have been included.

The Fund is an investment company and follows the accounting and reporting guidance in accordance with Financial Accounting Standards Board (“FASB”) Accounting Standards Codification Topic (“ASC”) 946 *Financial Services – Investment Companies*. Accordingly, the Fund reflects its investments on the Statement of Assets and Liabilities at their estimated fair values, with unrealized gains and losses resulting from changes in fair value reflected in net change in unrealized gain/(loss) on investments in the Statement of Operations.

#### (b) Use of Estimates

The preparation of these financial statements, in accordance with U.S. GAAP, requires management to make 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 revenues and expenses during the reporting year. Actual results could differ from such estimates.

#### (c) Cash and Cash Equivalents

Cash and cash equivalents comprise short-term, highly liquid investments that are readily convertible to known amounts of cash with an original maturity of three months or less. All cash equivalents are classified as Level 1 of the valuation hierarchy but are excluded in the hierarchy table in Note 2. At December 31, 2024, the Fund’s cash equivalents balance of \$128,501,587 consists principally of cash held in a First American Treasury Obligations Fund, a money market fund, held with U.S. Bank National Association. Cash equivalents are generally held for the purpose of meeting short-term liquidity requirements, rather than for investment purposes.

#### (d) Due from/to Broker(s)

Balances with broker(s) represent monies due from or to the Fund's options clearing broker(s) and custodian. The Fund has a policy of reviewing, as considered necessary, the credit standing of each broker with which it conducts business. At December 31, 2024, primarily all amounts reflected as due from broker(s) (consisting of net deposits with broker(s) and unsettled trades) and all securities owned were held with U.S. Bank National Association and UBS.

The Fund has concentration of credit risk with the broker(s) but management does not anticipate any losses as a result of this concentration. The Fund is charged brokerage fees through the course of the year in accordance with the brokerage agreements. Brokerage fees are included with the cost of securities purchased.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 2. Significant Accounting Policies, cont'd

#### *(d) Due from/to Broker(s), cont'd*

Balance at the broker(s) that is related to securities sold, but not yet purchased is restricted until the securities are purchased. The Fund is charged interest at fluctuating rates based on the broker call rates. At December 31, 2024, the due from broker(s) balance were \$3,260,347 and due to broker(s) balance were \$10,018,212.

#### *(e) Fair Value of Financial Instruments*

The fair value of the Fund's assets and liabilities that qualify as financial instruments under FASB ASC 825, *Financial Instruments*, approximate the carrying amounts presented in the Statement of Assets and Liabilities.

Fair value prices are estimates, and there is no assurance that such a price will be at or close to the price at which the security is next quoted or next trades.

The Fund follows guidance in ASC 820, *Fair Value Measurement* ("ASC 820"), where fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are determined within a framework that establishes a three-tier hierarchy which maximizes the use of observable market data and minimizes the use of unobservable inputs to establish a 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, such as the risk inherent in a particular valuation technique used to measure fair value using a pricing model and/or the risk inherent in the inputs for the valuation technique. Inputs may be observable or unobservable.

Observable inputs reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Fund. Unobservable inputs reflect the Fund's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the information available. The inputs or methodology used for valuing assets or liabilities may not be an indication of the risks associated with investing in those assets or liabilities.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 2. Significant Accounting Policies, cont'd

#### (e) Fair Value of Financial Instruments, cont'd

ASC 820 classifies the inputs used to measure these fair values into the following hierarchy:

- Level 1 Quoted prices are available in active markets for identical investments as of the reporting date.
- Level 2 Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.
- Level 3 Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs used in the determination of the fair value require significant management judgment or estimation.

In all cases, the level in the fair value hierarchy within which the fair value measurement in its entirety falls has been determined based on the lowest level of input that is significant to the fair value measurement. The Fund's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to each investment.

The following is a summary of the levels within the fair value hierarchy in which the Fund invests:

<b>Assets</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Investments in securities, at fair value			
Government Bonds	-	1,429,154,515	1,429,154,515
Total	\$ -	\$ 1,429,154,515	\$ 1,429,154,515
<b>Liabilities</b>			
Derivatives			
Equity Put Options Written	(29,801,420)	-	(29,801,420)
Total	\$ (29,801,420)	\$ -	\$ (29,801,420)

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 2. Significant Accounting Policies, cont'd

#### *(e) Fair Value of Financial Instruments, cont'd*

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment by the Manager of the Fund. The Manager considers observable data to be market data which is readily available, regularly distributed or updated, reliable and verifiable, not proprietary, and provided by independent sources that are actively involved in the relevant market. There were no transfers between Level 1 and Level 2 investments during the year ended December 31, 2024. There were no securities or derivatives in the Level 3 category held during the year.

#### *(f) Investment Transactions, Investment Income and Valuation*

Investment transactions are accounted for on a trade date basis. Investments are recognized when the Fund incurs an obligation to acquire a financial instrument and assume the risk of any gain or loss or incur an obligation to sell a financial instrument and forgo the risk of any gain or loss. Investment transactions that have not yet settled are reported as receivable from broker or payable to broker. Interest income and expenses are recognized on an accrual basis.

Investments in securities (consisting of fixed income securities) are valued at the mean of the bid and ask prices. Such securities are carried at fair value and the changes in their fair values are reflected in the net change in unrealized gain/(loss) on investments in securities in the Statement of Operations. Realized gains and losses on such securities are reflected in the net realized gain/(loss) on investments in securities in the Statement of Operations. Realized and unrealized gain/(loss) on investments are calculated using the specific identification method.

#### *(g) Derivative Contracts*

Derivative transactions are accounted for on a trade-date basis. Derivatives include exchange-traded equity put options. In the normal course of business, the Fund enters into derivative contracts for trading and hedging purposes in order to meet the investment objectives of the Fund. Derivatives are valued at fair value by using independent prices from major exchanges. The resulting changes in fair value are reflected in the net change in unrealized gain/(loss) on derivatives in the Statement of Operations. Realized gains and losses on derivatives are reflected in the net realized gain/(loss) on derivatives in the Statement of Operations.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 2. Significant Accounting Policies, cont'd

#### *(h) Taxation*

The Fund files tax returns as prescribed by the tax laws of the jurisdictions in which it operates. In the normal course of business, the Fund is subject to examination by federal, state, local and foreign jurisdictions, where applicable. As a result, no income tax liability or expense has been recorded in the financial statements.

FASB ASC 740, *Income Taxes*, requires the evaluation of tax positions taken or expected to be taken to determine whether, for all tax years still subject to assessment or challenge by the relevant taxation authorities, the tax positions are "more-likely-than-not" to be sustained upon examination. The Fund recognizes a tax benefit from an uncertain position only if it is more-likely-than-not that the position is sustainable, based solely on its technical merits and consideration of the relevant taxing authority's widely understood administrative practices and precedents. If this threshold is met, the Fund measures the tax benefit as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded against net realized and change in unrealized gain/(loss) in the current year.

As of December 31, 2024, the Fund did not have any unrecognized tax liabilities earned in foreign countries.

Interest and penalties that the Fund would incur under the relevant tax law if the tax positions were ultimately not sustained are included in the amount recognized as income tax expense. The interest on the underpayment of tax is recognized in the first year it would begin accruing according to the provisions of the relevant tax law. Penalties are recognized in the year in which the Fund takes the tax position if it does not meet the relevant minimum statutory threshold to avoid payment of penalties, or in a subsequent year if the Fund's judgment about meeting the minimum statutory threshold changes. During the year ended December 31, 2024, the Fund did not incur any interest or penalties on uncertain tax positions.

#### *(i) Capital Redemptions Payable*

Pursuant to FASB's ASC 480, *Distinguishing Liabilities from Equity*, capital redemptions effective December 31, 2024, are reflected as capital redemptions payable in the Statement of Assets and Liabilities.

Net Redemption Proceeds will be paid as soon as practicable following the relevant Redemption Date and normally within 15 Business Days; provided that if a Member elects to redeem 95% or more of its Interest as of any Redemption Date, the Fund may retain up to 5% of the Net Redemption Proceeds from the redemption as a holdback ("Holdback"). The Holdback will generally be paid as soon as practicable after completion of the Funds annual audit. In 2024, the holdback monies were kept in a bank account managed by US Bank. The cash held in these accounts totaled \$3,217,855, as of December 31, 2024.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 3. Derivatives

FASB's ASC 815, *Derivatives and Hedging Transactions*, requires qualitative disclosures about objectives and strategies for using derivatives, quantitative disclosures about fair value amounts of gains and losses on derivative instruments, and disclosures about credit-risk-related contingent features in derivative agreements. The maximum exposure to derivatives agreements with credit risk related contingent features would be the total value of derivatives in net liability positions for the Fund amounting to \$29,801,420.

The Fund enters into derivative contracts for speculative trading and hedging purposes which results in exposure to off-balance sheet risk. For the year ended December 31, 2024, the Fund's derivative transactions were limited to equity put options written. These derivatives involve, to varying degrees, elements of credit and market risk, whereby the occurrence of certain credit events or changes in the fair value of the underlying financial instrument may result in losses in excess of the amounts reflected on the Statement of Assets and Liabilities.

The Fund reports its assets and liabilities from derivatives contracts on a gross basis and does not net assets against liabilities. UBS acted as counterparty to all derivative contracts undertaken by the Fund during the year.

The Fund enters into equity put options contracts which give the purchaser, for a fee, the right, but not the obligation, to sell within a limited time a specified underlying entity at a contracted price that may also be settled in cash, based on differentials between specified prices.

The Fund's derivative positions are not subject to a master netting agreement and are shown gross on the Statement of Assets and Liabilities. The following table sets forth the Fund's gains/(losses) related to derivative activities for the year ended December 31, 2024. These gains/(losses) should be considered in the context that derivative contracts may have been executed to economically hedge securities and accordingly, gains or losses on derivative contracts may offset gains or losses attributable to securities. These gains/(losses) are included in net realized gain/(loss) on derivatives or net change in unrealized gain/(loss) on derivatives in the Statement of Operations.

	<b>Fair Value at December 31, 2024<sup>1</sup></b>	<b>Unrealized Gain/(Loss) for the year<sup>2</sup></b>	<b>Realized Gain/(Loss) for the year<sup>3</sup></b>
<b>Liabilities</b>			
Equity put options written	(29,801,420)	(14,794,418)	123,360,362

<sup>1</sup>Statement of Assets and Liabilities location: Written put options at fair value.

<sup>2</sup>Statement of Operations location: Net change in unrealized gain/(loss) on derivatives.

<sup>3</sup>Statement of Operations location: Net realized gain/(loss) on derivatives.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 3. Derivatives, cont'd

The volume of the Fund's derivative activity based on the average monthly market values and number of contracts during the year is as follows:

	<b>Short Exposure Monthly Average Number of Contracts</b>	<b>Short Exposure Monthly Average Market Values</b>
Equity put options written	(133)	(699,679)

The maximum exposure on written put options is the strike price of the put option at expiration assuming the underlying financial instrument does not have any value. As at December 31, 2024, this amounted to \$1,555,878,000.

### 4. Risk Factors

The investment strategy implemented by the Fund may entail certain risks. The Fund endeavors to summarize these risks in its offering memorandum. Investors in the Fund should review the offering memorandum and other offering documents for further information relating to the strategy and risks associated with the Fund. The Fund maintains positions in a variety of securities, derivative financial instruments and cash in accordance with its investment strategy and guidelines. The Fund's trading activities expose the Fund to counterparty credit risk from brokers, dealers and other financial institutions (collectively, "counterparties") with which it transacts business. "Counterparty credit risk" is the risk that a counterparty to a trade will fail to meet an obligation that it has entered into with the Fund, resulting in a financial loss to the Fund. The Fund's policy with respect to counterparty credit risk is to minimize its exposure to counterparties with perceived higher risk of default by dealing only with counterparties that meet the credit standards set out by Management.

All the Fund's securities and options were held by the custodian and the options clearing broker. The custodian segregates the assets of the Fund from the custodian's assets and other custodian clients. Management believes the risk is low with respect to any losses as a result of this concentration. The Fund conducts its trading activities with respect to non-derivative positions with a number of counterparties. Counterparty credit risk borne by these transactions is mitigated by trading with multiple counterparties.

In addition, the Fund trades in derivative instruments which trade on exchanges with generally a limited number of counterparties. The Fund is subject to counterparty credit risk related to the potential failure of counterparties to these derivative transactions to perform their obligations to the Fund. The Fund's exposure to counterparty credit risk associated with counterparty nonperformance is generally limited to the fair value (derivative assets and liabilities) of OTC derivatives reported as net assets, net of collateral received or paid, pursuant to agreements with each counterparty. This means that securities received/given as collateral can be pledged or sold during the term of the transaction. The terms also give

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 4. Risk Factors, cont'd

each party the right to terminate the related transactions on the other party's failure to post collateral. Exchange-traded derivatives generally involve less counterparty exposure because of the margin requirements of the individual exchanges. Generally, these contracts can be closed out at the discretion of the Investment Adviser and are governed by the options clearing agreements signed with UBS. UBS has capital requirements intended to assure that it has sufficient capital to protect its customers in the event of any inadequacy in customer funds arising from the default of one or more customers, adverse market conditions, or for any other reason.

### 5. Members' Interests and Allocation of Net Income/Loss

The Fund offers limited liability company interests ("Interests"). An investor who acquires an Interest in the Fund is hereinafter referred to as a "Member". The Fund generally offers Interests at the first calendar day of each month and redeems Interests at the last calendar day of each month, or at such other times as the Manager, in its sole discretion, may determine.

The Fund's net profits and net losses will be allocated among the Members in proportion to the value of their Interests on a monthly basis. The Fund's net profits and net losses will be measured by the increase or decrease in the value of the Fund, including unrealized gains or losses. No Member shall be liable in their capacity as Members for the debts of the Fund or any of its losses beyond the value their respective Fund capital accounts: provided, however, that under applicable law a Member or former Member may be liable to the Fund to the extent of previous distributions and returns of capital if the Fund does not have sufficient assets to discharge its liabilities; provided further, that a Member or former Member may be requested to return excess distributions and redemption proceeds if the Fund's net asset value is restated after the payment of such amounts or there is an accounting adjustment after the payment of such amounts.

### 6. Related Party Transactions

NB BD LLC, an affiliate of the Manager, acted as placement agent for the Fund in 2024. Although the placement agent does not receive compensation from the Fund for the sale of interests in the Fund, registered representatives of the placement agent may be compensated out of the Manager's management fees for their selling activity.

#### (a) *Investment management fee*

The Fund will pay a fee to the Investment Adviser each calendar month, payable in arrears, for its services (the "Management Fee") equal to 1/12 times 0.35% of the gross asset value of each Member's Interest as of such time. In the sole discretion of the Investment Adviser, the Management Fee may be waived, rebated or calculated differently in whole or in part with respect to any Member including employees of the Manager or its Affiliates. Such agreements were in place during the year for certain Members. The calculation of the Management Fee is made with respect to each Member.

For the year ended December 31, 2024, the Management Fee expenses totaled \$4,634,881 of which \$1,169,157 remained payable at December 31, 2024.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 6. Related Party Transactions, cont'd

#### (b) Expense reimbursement

The Manager has agreed to waive the Management Fee payable by a Member and/or reimburse the Fund (for the benefit of such Members) to the extent that the Operating Expenses (as defined below) payable with respect to such Member's Interest in any given fiscal year exceed 0.05% of the average monthly value of such Member's Interest determined as of the last day of each calendar month of such fiscal year (the "Expense Cap"). "Operating Expenses" means all of the Fund's fees and expenses, excluding the Management Fee and any costs related to transactions in securities or other investments as well as any extraordinary or non-recurring expenses (including any litigation expenses, costs and related attorney's fees) as determined by the Manager in its sole and absolute discretion.

The Expenses Cap aggregated to \$405,215 for the year ended December 31, 2024 and is presented as expense reimbursement on the Statement of Operations, \$107,159 of which remained outstanding at December 31, 2024 and is presented as receivable from Neuberger Berman Investment Advisers LLC on the Statement of Assets and Liabilities.

### 7. Contingencies

In the normal course of its business, the Fund may enter into contracts or agreements that contain a variety of representations and warranties which provide general indemnifications. The Fund's maximum exposure under these arrangements is unknown, as this would involve future claims that may be made against the Fund that have not yet occurred. The Manager expects the risk of loss to be remote and does not expect these to have a material adverse effect on the financial statements of the Fund.

### 8. Financial Highlights

The financial highlights of the General Members' for the year ended December 31, 2024, were as follows:

Total Return <sup>1</sup>	<u>12.46%</u>
Ratio of net expenses to average General Members' interest <sup>1,2</sup>	<u>(0.33)%</u>
Ratio of net investment income to average General Members' interest <sup>1,2</sup>	<u>2.32%</u>
Ratio of expense reimbursement to average General Members' interest <sup>1</sup>	<u>0.03%</u>

<sup>1</sup> Total return and ratios shown above are calculated for the General Members taken as a whole. An individual investor's results may vary from the total return and ratios shown above due to different management fee arrangements and the timing of capital transactions.

<sup>2</sup> Ratio is after expenses reimbursed by the Manager which amounted to 0.03% of average General Members' Interests for the year ended December 31, 2024.

# NEUBERGER BERMAN U.S. EQUITY INDEX PUTWRITE FUND LLC

## Notes to Financial Statements, Cont'd

For the year ended December 31, 2024  
(expressed in United States dollars)

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### 9. Subsequent Events

From January 01, 2025 through March 06, 2025, aggregate capital contributions totaled \$75,000 and aggregate capital redemptions totaled \$10,700,000, of which \$2,700,000 has been paid through March 06, 2025.

Name of plan  
**2024 Form 5500**  
Name of plan sponsor  
**NEUBERGER BERMAN INVESTMENT ADVISERS LLC**

Three-digit plan number  
**001**  
Employer Identification Number  
**81-4341513**

Schedule of Assets Held for Investment Purposes at End of Year - Attachment for Schedule H, Line 4i  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Investment Type	Cost	Market Value
US TREASURY N/B 1.750% 03/15/25		US GOVERNMENT SECURITIES	150,346,973	156,669,433
US TREASURY N/B 4.625% 03/15/26		US GOVERNMENT SECURITIES	176,167,883	177,258,399
US TREASURY N/B 2.875% 06/15/25		US GOVERNMENT SECURITIES	164,284,445	168,957,422
US TREASURY N/B 3.500% 09/15/25		US GOVERNMENT SECURITIES	167,078,125	169,083,595
US TREASURY N/B 4.000% 12/15/25		US GOVERNMENT SECURITIES	172,547,375	174,293,086
US TREASURY N/B 4.125% 06/15/26		US GOVERNMENT SECURITIES	178,364,484	179,804,524
US TREASURY N/B 4.625% 09/15/26		US GOVERNMENT SECURITIES	204,774,758	202,603,679
US TREASURY N/B 4.375% 12/15/26		US GOVERNMENT SECURITIES	200,531,250	200,484,376

Total Assets Held for Investment 1,429,154,515

\* DENOTES A PARTY IN INTEREST