

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) 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 INTECH U.S. LARGE CAP GROWTH 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) INTECH INVESTMENT MANAGEMENT LLC C/O JPMORGAN CHASE BANK, N.A 70 FARGO ST BOSTON, MA 02210
2b Employer Identification Number (EIN) 20-0055624
2c Plan Sponsor's telephone number 617-366-0777
2d Business code (see instructions) 000000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	0
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)	0
	6b	
	6c	
	6d	0
	6e	
	6f	0
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan INTECH U.S. LARGE CAP GROWTH FUND, LLC	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTECH INVESTMENT MANAGEMENT LLC	D Employer Identification Number (EIN) 20-0055624	

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

JANUS HENDERSON GROUP PLC **151 DETROIT STREET**
DENVER, CO 80206

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

INTECH INVESTMENT MANAGEMENT LLC **250 S. AUSTRALIAN AVE SUITE 1700**
WEST PALM BEACH, FL 33401

(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

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)

JPMORGAN CHASE BANK, N.A

13-4994650

(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?
15 18 19 50 64	CUSTODIAN	92012	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)

NORTHEAST RETIREMENT SERVICES, LLC

12 GILL STREET, SUITE 2600
WOBURN, MA 01801

(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?
15 50 60 64	RECORDKEEPER	24768	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)

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 50	AUDITOR	21418	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"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

A Name of plan <u>INTECH U.S. LARGE CAP GROWTH FUND, LLC</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTECH INVESTMENT MANAGEMENT LLC</u>	D Employer Identification Number (EIN) <u>20-0055624</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 RETIREMENT PENSION PLAN	
b Name of plan sponsor	JOINT BOT OF THE TRUCK DRIVERS AND HELPERS LOCAL UNION NO. 355 RETIRE	c EIN-PN 52-6043608-001

a Plan name	MARYLAND ELECTRICAL INDUSTRY PENSION FUND	
b Name of plan sponsor	MARYLAND ELECTRICAL INDUSTRY PENSION	c EIN-PN 52-1057284-001

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTECH U.S. LARGE CAP GROWTH FUND, LLC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTECH INVESTMENT MANAGEMENT LLC	D Employer Identification Number (EIN) 20-0055624

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	31910	40639
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	513720	404178
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	94805238	97554709
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	95350868	97999526
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	50190	81621
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	50190	81621
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	95300678	97917905

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)	6245	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		6245
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	744878	
(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)		744878
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	213803985	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	183221527	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		30582458
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2814852	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		2814852

		(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		34148433

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)	34000	
(4) IQPA audit fees	2i(4)	28917	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	75285	
(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)	177	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		138379
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		138379

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		34010054
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		31392827

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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Intech U.S. Large Cap Growth Fund LLC

Financial Statements

December 31, 2024

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Intech U.S. Large Cap Growth Fund LLC

Schedule of Investments

December 31, 2024

	Shares	Value
Common Stocks - 99.6%		
Communication Services - 17.0%		
Alphabet, Inc. - Class A	15,671	\$ 2,966,521
Alphabet, Inc. - Class C	12,721	2,422,587
Live Nation Entertainment, Inc.	846	109,557
Meta Platforms, Inc. - Class A	10,579	6,194,110
Netflix, Inc.	4,191	3,735,522
T-Mobile US, Inc.	5,381	1,187,748
		<u>16,616,045</u>
Consumer Discretionary - 11.5%		
Amazon.com, Inc.	9,499	2,083,986
Booking Holdings, Inc.	322	1,599,831
Carnival Corp.	34,514	860,089
Lululemon Athletica, Inc.	113	43,212
PulteGroup, Inc.	4,344	473,062
Royal Caribbean Cruises Ltd.	6,338	1,462,113
Tesla, Inc.	11,816	4,771,773
		<u>11,294,066</u>
Consumer Staples - 2.5%		
Colgate-Palmolive Co.	12,182	1,107,466
Walmart, Inc.	15,284	1,380,909
		<u>2,488,375</u>
Energy - 1.7%		
Williams Cos., Inc. (The)	30,815	1,667,708
Financials - 14.0%		
American Express Co.	3,598	1,067,850
Arch Capital Group Ltd. (U.S. Shares)	21,748	2,008,428
Bank of New York Mellon Corp. (The)	20,830	1,600,369
Brown & Brown, Inc.	17,205	1,755,254
Cincinnati Financial Corp.	208	29,890
Erie Indemnity Co. - Class A	225	92,752
JPMorgan Chase & Co.	8,352	2,002,058
KKR & Co., Inc.	1,067	157,820
Morgan Stanley	22,135	2,782,812
Progressive Corp. (The)	9,159	2,194,588
		<u>13,691,821</u>
Health Care - 6.3%		
Boston Scientific Corp.	17,749	1,585,341
Dexcom, Inc.	1,796	139,675
Eli Lilly & Co.	1,876	1,448,272
HCA Healthcare, Inc.	7,351	2,206,403
Intuitive Surgical, Inc.	795	414,958
ResMed, Inc.	882	201,704
Vertex Pharmaceuticals, Inc.	529	213,028
		<u>6,209,381</u>
Industrials - 6.4%		
Axon Enterprise, Inc.	280	166,410
Builders FirstSource, Inc.	3,602	514,834
Caterpillar, Inc.	4,271	1,549,348
Delta Air Lines, Inc.	35,070	2,121,735
GE Vernova, Inc.	102	33,551
Leidos Holdings, Inc.	5,059	728,799
Masco Corp.	2,333	169,306
United Airlines Holdings, Inc.	1,112	107,975

See Notes to Schedule of Investments and Other Information and Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC

Schedule of Investments

December 31, 2024

	Shares	Value
Common Stocks - (continued)		
Industrials - (continued)		
Veralto Corp.	8,489	\$ 864,605
		<u>6,256,563</u>
Information Technology - 38.2%		
Adobe, Inc.	4,036	1,794,729
Apple, Inc.	16,529	4,139,192
Applied Materials, Inc.	4,071	662,067
Broadcom, Inc.	15,010	3,479,918
Dell Technologies, Inc. - Class C	504	58,081
F5, Inc.	1,549	389,527
Fair Isaac Corp.	1,129	2,247,760
Fortinet, Inc.	26,333	2,487,942
Gartner, Inc.	1,884	912,742
GoDaddy, Inc. - Class A	10,274	2,027,779
Microsoft Corp.	8,954	3,774,111
NVIDIA Corp.	85,425	11,471,723
NXP Semiconductors NV	7,365	1,530,815
Oracle Corp.	227	37,827
Palantir Technologies, Inc. - Class A	15,028	1,136,568
Palo Alto Networks, Inc.	4,206	765,324
Salesforce, Inc.	1,522	508,850
		<u>37,424,955</u>
Real Estate - 1.6%		
Welltower, Inc. (REIT)	12,436	1,567,309
Utilities - 0.4%		
Constellation Energy Corp.	816	182,547
Vistra Corp.	1,131	155,931
		<u>338,478</u>
Total Common Stocks (cost \$73,523,195)		97,554,701
Rights - 0.0%		
Health Care - 0.0%		
ABIOMED, Inc., CVR ^e (cost \$862)	845	8
Total Investments (total cost \$73,524,057) - 99.6%		97,554,709
Cash, Receivables and Other Assets, net of Liabilities - 0.4%		363,196
Net Assets - 100.0%		\$ 97,917,905

Summary of Investments by Country - (unaudited)

Country	Value	% of Investment Securities
United States	\$ 93,972,254	96.3%
Bermuda	2,008,428	2.1
Netherlands	1,530,815	1.6
Canada	43,212	0.0
Total	\$ 97,554,709	100.0%

See Notes to Schedule of Investments and Other Information and Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Schedule of Investments
December 31, 2024

CVR	Contingent Value Rights
REIT	Real Estate Investment Trust
U.S. Shares	Securities of foreign companies traded on an American stock exchange.

€ Security is valued using significant unobservable inputs. The total value of Level 3 securities as of the year ended December 31, 2024 is \$8, which represents 0.0% of net assets.

The following is a summary of the inputs that were used to value the Fund's investments in securities and other financial instruments as of December 31, 2024. See Notes to Financial Statements for more information.

Valuation Inputs Summary

	Level 1 - Quoted Prices	Level 2 - Other Significant Observable Inputs	Level 3 - Significant Unobservable Inputs
Assets			
Investments in Securities:			
<i>Common Stocks</i>	\$ 97,554,701	\$ —	\$ —
<i>Rights</i>	—	—	8
Total Assets	\$ 97,554,701	\$ —	\$ 8

See Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Statement of Assets and Liabilities
December 31, 2024

Assets

Investments in securities, at value (cost of \$73,524,057)	\$ 97,554,709
Cash	404,178
Dividends receivable	<u>40,639</u>
Total assets	<u>97,999,526</u>

Liabilities

Payable for Fund units redeemed	5,075
Payable for audit fees	25,177
Payable for custody fees	34,340
Payable for operating fees	17,000
Accrued expenses	<u>29</u>
Total liabilities	<u>81,621</u>
Net assets (equivalent to \$102.09 per unit based on 959,173 units outstanding)	<u><u>\$ 97,917,905</u></u>

See Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Statement of Operations
For the Year Ended December 31, 2024

Investment income	
Dividends (net of taxes withheld of \$6,161)	\$ 744,878
Interest	6,245
	<hr/>
Total investment income	751,123
	<hr/>
Expenses	
Audit fees	28,917
Custody fees	75,285
Operating fees	34,000
Other expenses	177
	<hr/>
Total expenses	138,379
	<hr/>
Net investment income/(loss)	612,744
	<hr/>
Net realized and change in unrealized gain/(loss) on investments	
Net realized gain/(loss) on investments	30,582,458
	<hr/>
Net change in unrealized appreciation/(depreciation) on investments	2,814,852
	<hr/>
Net realized and change in unrealized net gain/(loss) on investments	33,397,310
	<hr/>
Net increase/(decrease) in net assets resulting from operations	\$ 34,010,054
	<hr/> <hr/>

See Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Statement of Changes in Net Assets
For the Year Ended December 31, 2024

From operations	
Net investment income/(loss)	\$ 612,744
Net realized gain/(loss) on investments	30,582,458
Change in unrealized net appreciation/(depreciation) on investments	<u>2,814,852</u>
Net increase/(decrease) in net assets resulting from operations	<u>34,010,054</u>
From participant transactions	
Net increase/(decrease) in net assets resulting from participant transactions	<u>(31,392,827)</u>
Net increase/(decrease) in net assets	<u>2,617,227</u>
Net assets	
Beginning of year	<u>95,300,678</u>
End of year	<u><u>\$ 97,917,905</u></u>

See Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Financial Highlights
For the Year Ended December 31, 2024

Selected Per Unit Data

Net asset value, beginning of year	\$	75.29
Income from Investment Operations:		
Net investment income/(loss) ^(a)		0.50
Net realized and unrealized gain/(loss)		26.30
		<hr/>
Total from investment operations		26.80
		<hr/>
Net asset value, end of year	\$	102.09
		<hr/>
Total return (%) ^(b)		35.60

Ratios to Average Net Assets ^(c)

Expenses (%)	0.12
Net investment income/(loss) (%)	0.55

(a) Net investment income/(loss) per unit has been calculated based upon average of daily units outstanding.

(b) Total return calculation is based on the value of a single unit of participation outstanding throughout the year. It represents the percentage change in net asset value per unit between the beginning and the end of year.

(c) The calculation includes only those expenses charged directly to the Fund. The ratios do not reflect expenses that are borne directly by individual unitholders. Had those expenses been included, the expense ratio would have increased and the net investment income/(loss) ratio would have decreased.

See Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC

Notes to Financial Statements

December 31, 2024

1. Fund Organization and Investment Objective

Intech U.S. Large Cap Growth Fund LLC (the "Fund") is a limited liability company organized under the laws of the State of Delaware. The investment objective of the Fund is to outperform the S&P 500 Growth Index (the "Index") when evaluated over rolling three and five year periods. The Index is a market-capitalization-weighted index developed by Standard and Poor's consisting of those stocks within the S&P 500 Index that exhibit strong growth characteristics. The Fund will try to accomplish this by investing primarily in certain common stocks of companies selected from the universe of the Index, using proprietary mathematical investment processes and optimization technology. J.P. Morgan Chase Bank, NA is the custodian of the Fund. Intech Investment Management LLC ("Intech" or "Investment Manager") serves as the sole Investment Manager, with day-to-day responsibilities for managing the Fund's investment portfolio.

2. Summary of Significant Accounting Policies

The Fund is classified as an investment company following the accounting and reporting guidance of Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 946.

Investment Valuation

Fund holdings are valued in accordance with policies and procedures established by the Investment Manager (the "Valuation Procedures"). Equity securities, including shares of exchange-traded funds, traded on a domestic securities exchange are generally valued at readily available market quotations, which are (i) the official close prices or (ii) last sale prices on the primary market or exchange in which the securities trade. If such price is lacking for the trading period immediately preceding the time of determination, such securities are generally valued at their current bid price. Equity securities that are traded on a foreign exchange are generally valued at the closing prices on such markets. In the event that there is no current trading volume on a particular security in such foreign exchange, the bid price from the primary exchange is generally used to value the security. Foreign securities and currencies are converted to U.S. dollars using the current spot U.S. dollar exchange rate in effect at the close of the London Stock Exchange. The Investment Manager will determine the market value of individual securities held by it by using prices provided by one or more Investment Manager approved professional pricing services or, as needed, by obtaining market quotations from independent broker-dealers. Certain short-term securities maturing within 60 days or less may be evaluated and valued on an amortized cost basis provided that the amortized cost determined approximates market value. Securities for which market quotations or evaluated prices are not readily available or deemed unreliable are valued at fair value determined in good faith by the Investment Manager pursuant to the Valuation Procedures. Circumstances in which fair valuation may be utilized include, but are not limited to: (i) a significant event that may affect the securities of a single issuer, such as a merger, bankruptcy, or significant issuer-specific development; (ii) an event that may affect an entire market, such as a natural disaster or significant governmental action; (iii) a nonsignificant event such as a market closing early or not opening, or a security trading halt; and (iv) pricing of a non-valued security and a restricted or nonpublic security. The value of the securities of other mutual funds held by the Fund, if any, will be calculated using the net asset value ("NAV") of such mutual funds, and the prospectuses for such mutual funds explain the circumstances under which they use fair valuation and the effects of using fair valuation. The value of the securities of any cash management pooled investment vehicles that operate as money market funds held by the Fund, if any, will be calculated using the NAV of such funds.

Valuation Inputs Summary

FASB ASC 820, *Fair Value Measurements and Disclosures*, defines fair value, establishes a framework for measuring fair value, and expands disclosure requirements regarding fair value measurements. This standard emphasizes that fair value is a market-based measurement that should be determined based on the assumptions that market participants

Intech U.S. Large Cap Growth Fund LLC

Notes to Financial Statements (Continued)

December 31, 2024

would use in pricing an asset or liability and establishes a hierarchy that prioritizes inputs to valuation techniques used to measure fair value. These inputs are summarized into three broad levels:

Level 1 – Unadjusted quoted prices in active markets the Fund has the ability to access for identical assets or liabilities.

Level 2 – Observable inputs other than unadjusted quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly. These inputs may include quoted prices for the identical instrument on an inactive market, prices for similar instruments, interest rates, prepayment speeds, credit risk, yield curves, default rates, and similar data.

Assets or liabilities categorized as Level 2 in the hierarchy generally include: debt securities fair valued in accordance with the evaluated bid or ask prices supplied by a pricing service; securities traded on over the counter markets and listed securities for which no sales are reported that are fair valued at the latest bid price (or yield equivalent thereof) obtained from one or more dealers transacting in a market for such securities or by a pricing service approved by the Fund's Investment Manager, certain short-term securities with maturities of 60 days or less that are fair valued at amortized cost. Periodic review and monitoring of the valuation of short-term securities is performed in an effort to ensure that amortized cost approximates market value. Other securities that may be categorized as Level 2 in the hierarchy include, but are not limited to, preferred stocks, bank loans, swaps, investments in unregistered investment companies, options, and forward contracts.

Level 3 – Unobservable inputs for the asset or liability to the extent that relevant observable inputs are not available, representing the Fund's own assumptions about the assumptions that a market participant would use in valuing the asset or liability, and that would be based on the best information available.

There have been no significant changes in valuation techniques used in valuing any such positions held by the Fund since the beginning of the fiscal year.

The inputs or methodology used for fair valuing securities are not necessarily an indication of the risk associated with investing in those securities. The summary of inputs used as of December 31, 2024 to fair value the Fund's investments in securities and other financial instruments is included in the "Valuation Inputs Summary" in the Notes to Schedule of Investments and Other Information.

The Fund did not hold a significant amount of Level 3 securities as of December 31, 2024.

There were no transfers in or out of Level 3 during the year.

Investment Transactions and Investment Income

Investment transactions are accounted for as of the date purchased or sold (trade date). Dividend income is recorded on the ex-dividend date. Certain dividends from foreign securities will be recorded as soon as the Fund is informed of the dividend, if such information is obtained subsequent to the ex-dividend date. Dividends from foreign securities may be subject to withholding taxes in foreign jurisdictions. Non-cash dividends, if any, are recorded on the ex-dividend date at fair value. Interest income is recorded daily on an accrual basis and includes amortization of premiums and accretion of discounts. Gains and losses are determined on the identified cost basis, which is the same basis used for federal income tax purposes.

Intech U.S. Large Cap Growth Fund LLC

Notes to Financial Statements (Continued)

December 31, 2024

Expenses

Under the Fund's Operating Agreement, the Fund may pay certain expenses for services received during the year. Custody, audit, operating fees, and other expenses (if applicable) are paid by the Fund. The Investment Manager's fees are not charged to the Fund, but are paid directly by the participants in the Fund through redemption of units or an alternate arrangement mutually agreed upon by the parties involved. When the total of certain fees paid by the Fund exceed the Investment Manager's fees, the Investment Manager reimburses the Fund through the purchase of units for the benefit of participants. During the year, no reimbursements by the Investment Manager to the Fund were required.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of income and expenses during the reporting period. Actual results could differ from those estimates.

Indemnifications

In the normal course of business, the Fund may enter into contracts that contain provisions for indemnification of other parties against certain potential liabilities. The Fund's maximum exposure under these arrangements is unknown, and would involve future claims that may be made against the Fund that have not yet occurred. Currently, the risk of material loss from such claims is considered remote.

Dividends and Distributions

Net investment income and net realized gains are retained by the Fund.

Federal Income Taxes

It is the intention of the Investment Manager that the Fund be classified for federal income tax purposes as a partnership that is not treated as a "publicly traded partnership" taxed as a corporation. The unitholders are required to report their respective portion of the Fund's taxable income or loss in their own income tax returns and are liable for any related taxes thereon. Management has analyzed the Fund's tax positions taken for all open federal income tax years, generally a three-year period, and has concluded that no provision for federal income tax is required in the Fund's financial statements. The Fund is not aware of any tax positions for which it is reasonably possible that the total amounts of unrecognized tax benefits will significantly change in the next twelve months.

Issuances and Redemptions of Units of Participation

The net asset value of the Fund is determined as of the close of business on any day other than a day on which the New York Stock Exchange is closed, or such other day as the Investment Manager may from time to time determine. Issuances and redemptions of Fund units are made on such dates, based upon the daily calculated net asset value as defined within the Fund's Operating Agreement.

3. Other Investments and Strategies

Real Estate Investing

The Fund may invest in equity and debt securities of real estate-related companies. Such companies may include those in the real estate industry or real estate-related industries. These securities may include common stocks, corporate bonds, preferred stocks, and other equity securities, including, but not limited to, mortgage-backed securities, real

Intech U.S. Large Cap Growth Fund LLC
Notes to Financial Statements (Continued)
December 31, 2024

estate-backed securities, securities of REITs and similar REIT-like entities. A REIT is a trust that invests in real estate-related projects, such as properties, mortgage loans, and construction loans. REITs are generally categorized as equity, mortgage, or hybrid REITs. A REIT may be listed on an exchange or traded over the counter.

4. Units of Participation

Participant transactions for the Fund were as follows:

	<i>For the Year Ended December 31, 2024</i>	
	<i>Units</i>	<i>Amount</i>
Units redeemed	(306,556)	\$(31,392,827)
Net increase/(decrease)	(306,556)	\$(31,392,827)

At any point during the year, the Fund could have a concentration of unitholders and any investment activity for these unitholders could have an impact on the Fund. Units in excess of 10% of the Fund's units outstanding at December 31, 2024 held by three of the Fund's unitholders aggregated 100.00% of the Fund's total units outstanding.

5. Subsequent Events

Management has evaluated whether any events or transactions occurred subsequent to December 31, 2024 and through the date of the Fund's financial statements were available to be issued on March 18, 2025 and determined that there were no material events or transactions that would require recognition or disclosure in the Fund's financial statements.



Report of Independent Auditors

To the Investment Manager of Intech U.S. Large Cap Growth Fund LLC

Opinion

We have audited the accompanying financial statements of Intech U.S. Large Cap Growth Fund LLC (the "Fund"), which comprise the statement of assets and liabilities, including the schedule of investments, as of December 31, 2024 and the related statements of operations and of changes in net assets, including the related notes, and the financial highlights for the year then ended (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 as of December 31, 2024, and the results of its operations and changes in its net assets and the financial highlights for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' 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 from material misstatement, whether due to fraud or error.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US 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.

PricewaterhouseCoopers LLP

Denver, Colorado
March 18, 2025

Intech U.S. Large Cap Growth Fund LLC

Schedule of Investments

December 31, 2024

	Shares	Value
Common Stocks - 99.6%		
Communication Services - 17.0%		
Alphabet, Inc. - Class A	15,671	\$ 2,966,521
Alphabet, Inc. - Class C	12,721	2,422,587
Live Nation Entertainment, Inc.	846	109,557
Meta Platforms, Inc. - Class A	10,579	6,194,110
Netflix, Inc.	4,191	3,735,522
T-Mobile US, Inc.	5,381	1,187,748
		16,616,045
Consumer Discretionary - 11.5%		
Amazon.com, Inc.	9,499	2,083,986
Booking Holdings, Inc.	322	1,599,831
Carnival Corp.	34,514	860,089
Lululemon Athletica, Inc.	113	43,212
PulteGroup, Inc.	4,344	473,062
Royal Caribbean Cruises Ltd.	6,338	1,462,113
Tesla, Inc.	11,816	4,771,773
		11,294,066
Consumer Staples - 2.5%		
Colgate-Palmolive Co.	12,182	1,107,466
Walmart, Inc.	15,284	1,380,909
		2,488,375
Energy - 1.7%		
Williams Cos., Inc. (The)	30,815	1,667,708
Financials - 14.0%		
American Express Co.	3,598	1,067,850
Arch Capital Group Ltd. (U.S. Shares)	21,748	2,008,428
Bank of New York Mellon Corp. (The)	20,830	1,600,369
Brown & Brown, Inc.	17,205	1,755,254
Cincinnati Financial Corp.	208	29,890
Erie Indemnity Co. - Class A	225	92,752
JPMorgan Chase & Co.	8,352	2,002,058
KKR & Co., Inc.	1,067	157,820
Morgan Stanley	22,135	2,782,812
Progressive Corp. (The)	9,159	2,194,588
		13,691,821
Health Care - 6.3%		
Boston Scientific Corp.	17,749	1,585,341
Dexcom, Inc.	1,796	139,675
Eli Lilly & Co.	1,876	1,448,272
HCA Healthcare, Inc.	7,351	2,206,403
Intuitive Surgical, Inc.	795	414,958
ResMed, Inc.	882	201,704
Vertex Pharmaceuticals, Inc.	529	213,028
		6,209,381
Industrials - 6.4%		
Axon Enterprise, Inc.	280	166,410
Builders FirstSource, Inc.	3,602	514,834
Caterpillar, Inc.	4,271	1,549,348
Delta Air Lines, Inc.	35,070	2,121,735
GE Vernova, Inc.	102	33,551
Leidos Holdings, Inc.	5,059	728,799
Masco Corp.	2,333	169,306
United Airlines Holdings, Inc.	1,112	107,975

See Notes to Schedule of Investments and Other Information and Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC

Schedule of Investments

December 31, 2024

	Shares	Value
Common Stocks - (continued)		
Industrials - (continued)		
Veralto Corp.	8,489	\$ 864,605
		<u>6,256,563</u>
Information Technology - 38.2%		
Adobe, Inc.	4,036	1,794,729
Apple, Inc.	16,529	4,139,192
Applied Materials, Inc.	4,071	662,067
Broadcom, Inc.	15,010	3,479,918
Dell Technologies, Inc. - Class C	504	58,081
F5, Inc.	1,549	389,527
Fair Isaac Corp.	1,129	2,247,760
Fortinet, Inc.	26,333	2,487,942
Gartner, Inc.	1,884	912,742
GoDaddy, Inc. - Class A	10,274	2,027,779
Microsoft Corp.	8,954	3,774,111
NVIDIA Corp.	85,425	11,471,723
NXP Semiconductors NV	7,365	1,530,815
Oracle Corp.	227	37,827
Palantir Technologies, Inc. - Class A	15,028	1,136,568
Palo Alto Networks, Inc.	4,206	765,324
Salesforce, Inc.	1,522	508,850
		<u>37,424,955</u>
Real Estate - 1.6%		
Welltower, Inc. (REIT)	12,436	1,567,309
Utilities - 0.4%		
Constellation Energy Corp.	816	182,547
Vistra Corp.	1,131	155,931
		<u>338,478</u>
Total Common Stocks (cost \$73,523,195)		<u>97,554,701</u>
Rights - 0.0%		
Health Care - 0.0%		
ABIOMED, Inc., CVR ^e (cost \$862)	845	8
Total Investments (total cost \$73,524,057) - 99.6%		<u>97,554,709</u>
Cash, Receivables and Other Assets, net of Liabilities - 0.4%		<u>363,196</u>
Net Assets - 100.0%		<u>\$ 97,917,905</u>

Summary of Investments by Country - (unaudited)

Country	Value	% of Investment Securities
United States	\$ 93,972,254	96.3%
Bermuda	2,008,428	2.1
Netherlands	1,530,815	1.6
Canada	43,212	0.0
Total	\$ 97,554,709	100.0%

See Notes to Schedule of Investments and Other Information and Notes to Financial Statements.

Intech U.S. Large Cap Growth Fund LLC
Schedule of Investments
December 31, 2024

CVR	Contingent Value Rights
REIT	Real Estate Investment Trust
U.S. Shares	Securities of foreign companies traded on an American stock exchange.

€ Security is valued using significant unobservable inputs. The total value of Level 3 securities as of the year ended December 31, 2024 is \$8, which represents 0.0% of net assets.

The following is a summary of the inputs that were used to value the Fund's investments in securities and other financial instruments as of December 31, 2024. See Notes to Financial Statements for more information.

Valuation Inputs Summary

	Level 1 - Quoted Prices	Level 2 - Other Significant Observable Inputs	Level 3 - Significant Unobservable Inputs
Assets			
Investments in Securities:			
<i>Common Stocks</i>	\$ 97,554,701	\$ —	\$ —
<i>Rights</i>	—	—	8
Total Assets	\$ 97,554,701	\$ —	\$ 8

See Notes to Financial Statements.

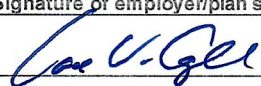
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
B This return/report is: <input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>E</u> <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here <input type="checkbox"/>	
D Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information		
1a Name of plan	1b Three-digit plan number (PN) ▶	001
INTECH U.S. LARGE CAP GROWTH FUND, LLC	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)	2b Employer Identification Number (EIN)	20-0055624
INTECH INVESTMENT MANAGEMENT LLC	2c Plan Sponsor's telephone number	617-366-0777
C/O JPMORGAN CHASE BANK, N.A	2d Business code (see instructions)	000000
70 FARGO ST BOSTON, MA 02210		

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		<u>9/29/2025</u>	LANCE V. CAMPBELL
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 20-0055624 3c Administrator's telephone number 617-366-0777
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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																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0																														
5		0																																
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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e.	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> </table>	7																																
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																
<table style="width:100%;"> <tr><td>(1) <input type="checkbox"/></td><td>Insurance</td></tr> <tr><td>(2) <input type="checkbox"/></td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3) <input type="checkbox"/></td><td>Trust</td></tr> <tr><td>(4) <input type="checkbox"/></td><td>General assets of the sponsor</td></tr> </table>	(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	<table style="width:100%;"> <tr><td>(1) <input type="checkbox"/></td><td>Insurance</td></tr> <tr><td>(2) <input type="checkbox"/></td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3) <input type="checkbox"/></td><td>Trust</td></tr> <tr><td>(4) <input type="checkbox"/></td><td>General assets of the sponsor</td></tr> </table>	(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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(4) <input type="checkbox"/>	General assets of the sponsor																

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 <table style="width:100%;"> <tr><td>(1) <input type="checkbox"/></td><td>R (Retirement Plan Information)</td></tr> <tr><td>(2) <input type="checkbox"/></td><td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td></tr> <tr><td>(3) <input type="checkbox"/></td><td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td></tr> <tr><td>(4) <input type="checkbox"/></td><td>DCG (Individual Plan Information) - Number Attached _____</td></tr> <tr><td>(5) <input type="checkbox"/></td><td>MEP (Multiple-Employer Retirement Plan Information)</td></tr> </table>	(1) <input type="checkbox"/>	R (Retirement Plan Information)	(2) <input type="checkbox"/>	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/>	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/>	DCG (Individual Plan Information) - Number Attached _____	(5) <input type="checkbox"/>	MEP (Multiple-Employer Retirement Plan Information)	b General Schedules <table style="width:100%;"> <tr><td>(1) <input checked="" type="checkbox"/></td><td>H (Financial Information)</td></tr> <tr><td>(2) <input type="checkbox"/></td><td>I (Financial Information - Small Plan)</td></tr> <tr><td>(3) <input type="checkbox"/></td><td>A (Insurance Information) - Number Attached _____</td></tr> <tr><td>(4) <input checked="" type="checkbox"/></td><td>C (Service Provider Information)</td></tr> <tr><td>(5) <input checked="" type="checkbox"/></td><td>D (DFE/Participating Plan Information)</td></tr> <tr><td>(6) <input type="checkbox"/></td><td>G (Financial Transaction Schedules)</td></tr> </table>	(1) <input checked="" type="checkbox"/>	H (Financial Information)	(2) <input type="checkbox"/>	I (Financial Information - Small Plan)	(3) <input type="checkbox"/>	A (Insurance Information) - Number Attached _____	(4) <input checked="" type="checkbox"/>	C (Service Provider Information)	(5) <input checked="" type="checkbox"/>	D (DFE/Participating Plan Information)	(6) <input type="checkbox"/>	G (Financial Transaction Schedules)
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(6) <input type="checkbox"/>	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 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 _____