

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) E, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan CAUSEWAY MULTI-FUND LLC - INTERNATIONAL VALUE INSTITUTIONAL SERIES, 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) CAUSEWAY CAPITAL MANAGEMENT LLC 11111 SANTA MONICA BLVD 15TH FLOOR LOS ANGELES, CA 90025, 2b Employer Identification Number (EIN) 81-4761644, 2c Plan Sponsor's telephone number 310-231-6100, 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.

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor SEI GLOBAL SERVICES, INC. ONE FREEDOM VALLEY DRIVE OAKS, PA 19456	3b Administrator's EIN 51-0405509 3c Administrator's telephone number 610-676-2057																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (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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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 CAUSEWAY MULTI-FUND LLC - INTERNATIONAL VALUE INSTITUTIONAL SERIES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAUSEWAY CAPITAL MANAGEMENT LLC	D Employer Identification Number (EIN) 81-4761644	

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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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)

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

(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 68 50 51	FUND SPONSOR	2118323	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SEI TRUST COMPANY

06-1271230

(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?
13 34 50	NONE	333750	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)

NORTHERN TRUST

45-6138589

(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?
19 50	CUSTODIAN	155925	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 50	NONE	64013	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)

MERRILL LYNCH

1500 AMERICAN BOULEVARD
PENNINGTON, NJ 08354

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	51386	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CITIGROUP GLOBAL MARKETS INC.

111 WALL STREET, 4TH FLOOR
NEW YORK, NY 10043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	32573	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

INSTINET

309 W 49TH ST #7316
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28563	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

UBS AG

1 AND 2 BROADGATE
LONDON, ENGLAND EC2M 2Q8 GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	27128	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORGAN STANLEY AND CO

901 S BOND STREET
BALTIMORE, MD 21231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

JEFFERIES & CO.INC.

520 MADISON AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	16563	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JP MORGAN SECURITIES

277 PARK AVE
9TH FLOOR
NEW YORK, NY 10172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BARCLAYS CAPITAL

8 SOUND SHORE DRIVE
GREENWICH, CT 06830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	14306	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

SANFORD BERNSTEIN CO LLC

142-100 W 55TH STREET
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12853	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DAIWA CAPITAL MARKETS AMERICA

FINANCIAL SQUARE 32 OLD SLIP
NEW YORK, NY 10005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GOLDMAN SACHS & CO. LLC

200 WEST STREET
NEW YORK, NY 10282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

HSBC SECURITIES (USA) INC.

545 WASHINGTON BOULEVARD
JERSEY CITY, NJ 07310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	8130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BNP PARIBAS

94-1677765

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MACQUARIE CAPITAL(USA) INC.

10250 CONSTELLATION BOULEVARD SUITE
LOS ANGELES, CA 90067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

KEPLER CHEUVREUX

TOWER 49,12 E 49TH STREET
FLOOR 36
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MERRILL LYNCH	33 71	51386
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CITIGROUP GLOBAL MARKETS INC.	33 71	32573
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INSTINET	33 71	28563
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS AG	33 71	27128
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY AND CO.	33 71	18343
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JEFFERIES & CO.INC	33 71	16563
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN SECURITIES	33 71	14583
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BARCLAYS CAPITAL	33 71	14306
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SANFORD BERNSTEIN CO., LLC	33 71	12853
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DAIWA CAPITAL MARKETS AMERICA	33 71	8204
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GOLDMAN SACHS & CO. LLC	33 71	8198
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HSBC SECURITIES (USA) INC.	33 71	8130
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BNP PARIBAS	33 71	7640
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MACQUARIE CAPITAL(USA) INC.	33 71	5170
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KEPLER CHEUVREUX	33 71	5163
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MIZUHO SECURITIES USA INC.	33 71	4473
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DEUTSCHE BANK SECURITIES INC.	33 71	3433
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CLSA	33 71	3343
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MEDIOBANCA SECURITIES	33 71	1533
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EVERCORE ISI GROUP	33 71	1356
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LCL	33 71	1343
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WELLS FARGO SECURITIES, LLC	33 71	1238
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GUGGENHEIM SECURITIES, LLC	33 71	1013
(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.	
CAUSEWAY MULTI-FUND LLC SERIES 81-4761644	BROKER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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>CAUSEWAY MULTI-FUND LLC - INTERNATIONAL VALUE INSTITUTIONAL SERIES</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>CAUSEWAY CAPITAL MANAGEMENT LLC</u>	D Employer Identification Number (EIN) <u>81-4761644</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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CAUSEWAY MULTI-FUND LLC - INTERNATIONAL VALUE INSTITUTIONAL SERIES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAUSEWAY CAPITAL MANAGEMENT LLC	D Employer Identification Number (EIN) 81-4761644

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	0	24567
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2281269	1023421
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	0	1480847
(B) Common	1c(4)(B)	441526415	416298054
(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)	3537217	5318160
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	8036	85949

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	447352937	424230998
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	639944	637970
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	618806	197415
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1258750	835385
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	446094187	423395613

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	11337077	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	381324	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11718401
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	425713106	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	373240642	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-44456095	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	237300
d Total income. Add all income amounts in column (b) and enter total	2d	19972070

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	333750
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	64013
(5) Investment advisory and investment management fees	2i(5)	2118323
(6) Bank or trust company trustee/custodial fees	2i(6)	155925
(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)	38633
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2710644
j Total expenses. Add all expense amounts in column (b) and enter total	2j	2710644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	17261426
l Transfers of assets:		
(1) To this plan	2l(1)	111500000
(2) From this plan	2l(2)	151460000

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 _____.

Causeway Multi-Fund LLC

(A Delaware series limited liability company)

International Value Institutional Series

Financial Statements

For the year ended December 31, 2024

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
December 31, 2024
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Report of Independent Auditors

To the Management of Causeway Multi-Fund LLC

Opinion

We have audited the accompanying financial statements of International Value Institutional Series (one of the series constituting Causeway Multi-Fund LLC, referred to hereafter as the "Series"), which comprise the statement of assets, liabilities and members' capital, including the condensed schedule of investments, as of December 31, 2024, and the related statements of operations and of changes in members' capital, including the related notes 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 Series as of December 31, 2024, and the results of its operations and changes in its members' capital 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 Series 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 Series' 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 Series' 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 Series' 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

Los Angeles, California
April 21, 2025

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Statement of Assets, Liabilities and Members' Capital
December 31, 2024
(expressed in U.S. Dollars)

Assets	
Investments in securities, at fair value (cost \$407,823,691)	\$ 417,778,901
Cash and cash equivalents	5,342,727
Dividend receivable	487,995
Receivable for securities sold	535,426
Other assets	85,949
	<hr/>
Total assets	\$ 424,230,998
	<hr/>
Liabilities and Members' Capital	
Management fee payable	\$ 542,010
Payable for securities purchased	55,651
Custody fees payable	141,764
Professional fees payable	54,823
Accrued expenses	41,137
	<hr/>
Total liabilities	\$ 835,385
	<hr/>
Members' capital	423,395,613
	<hr/>
Total liabilities and members' capital	\$ 424,230,998
	<hr/>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Condensed Schedule of Investments
December 31, 2024
(expressed in U.S. Dollars)

	<u>Value</u>
Investments in Securities (98.68%)	
Common Stock (98.33%)	
Belgium (1.73%)	
Consumer Staples (1.73%)	\$ 7,302,693
Total Belgium (cost \$8,398,213)	<u>7,302,693</u>
Brazil (0.30%)	
Financials (0.30%)	1,290,024
Total Brazil (cost \$1,887,467)	<u>1,290,024</u>
Canada (3.31%)	
Industrials (2.82%)	11,951,551
Materials (0.49%)	2,048,425
Total Canada (cost \$15,408,570)	<u>13,999,976</u>
China (1.54%)	
Communication Services (1.31%)	5,551,660
Consumer Discretionary (0.23%)	966,409
Total China (cost \$5,245,432)	<u>6,518,069</u>
France (19.38%)	
Consumer Discretionary (4.47%)	18,909,943
Consumer Staples (1.68%)	7,123,151
Financials (3.52%)	14,933,514
Health Care (1.92%)	8,120,133
Industrials (5.96%)	25,248,703
Materials (1.83%)	7,731,297
Total France (cost \$82,307,647)	<u>82,066,741</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Condensed Schedule of Investments
December 31, 2024
(expressed in U.S. Dollars)

	<u>Value</u>
Germany (8.10%)	
Communication Services (1.53%)	\$ 6,485,410
Financials (0.68%)	2,898,033
Information Technology (3.93%)	16,649,416
Materials (1.47%)	6,221,769
Utilities (0.49%)	2,056,524
Total Germany (cost \$29,923,744)	<u>34,311,152</u>
Hong Kong (0.43%)	
Real Estate (0.43%)	1,808,587
Total Hong Kong (cost \$2,152,563)	<u>1,808,587</u>
Israel (0.88%)	
Information Technology (0.88%)	3,714,770
Total Israel (cost \$3,557,841)	<u>3,714,770</u>
Italy (4.08%)	
Financials (1.77%)	7,489,461
Utilities (2.31%)	9,787,159
Total Italy (cost \$12,377,155)	<u>17,276,620</u>
Japan (10.59%)	
Communication Services (1.50%)	6,364,603
Health Care (0.42%)	1,753,764
Industrials (3.37%)	14,288,967
Information Technology (5.30%)	22,422,421
Total Japan (cost \$48,722,552)	<u>44,829,755</u>
Netherlands (6.90%)	
Consumer Staples (1.12%)	4,751,191
Financials (1.19%)	5,045,090
Health Care (2.01%)	8,506,997
Materials (2.58%)	10,910,741
Total Netherlands (cost \$29,584,183)	<u>29,214,019</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Condensed Schedule of Investments
December 31, 2024
(expressed in U.S. Dollars)

	<u>Value</u>
Singapore (1.09%)	
Financials (1.09%)	\$ 4,607,591
Total Singapore (cost \$3,795,551)	<u>4,607,591</u>
South Korea (3.85%)	
Financials (0.62%)	2,616,556
Information Technology (3.23%)	13,685,173
Total South Korea (cost \$20,797,420)	<u>16,301,729</u>
Spain (0.28%)	
Information Technology (0.28%)	1,203,578
Total Spain (cost \$1,123,649)	<u>1,203,578</u>
Sweden (0.41%)	
Consumer Discretionary (0.41%)	1,723,040
Total Sweden (cost \$1,681,459)	<u>1,723,040</u>
Switzerland (3.41%)	
Financials (0.99%)	4,204,543
Health Care (2.42%)	10,248,434
Total Switzerland (cost \$14,533,622)	<u>14,452,977</u>
United Kingdom (31.57%)	
Consumer Discretionary (3.08%)	13,018,908
Consumer Staples (6.69%)	28,350,911
Energy (2.29%)	9,705,889
Financials (8.56%)	36,243,504
Health Care (5.56%)	23,520,587
Industrials (4.64%)	19,641,877
Real Estate (0.75%)	3,184,679
Total United Kingdom (cost \$123,053,234)	<u>133,666,355</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Condensed Schedule of Investments
December 31, 2024
(expressed in U.S. Dollars)

	<u>Value</u>
United States (0.48%)	
Materials (0.48%)	\$ 2,010,378
Total United States (cost \$1,661,889)	<u>2,010,378</u>
Total Common Stock (cost \$406,212,191)	<u>416,298,054</u>
Preferred Stock (0.35%)	
Germany (0.35%)	
Consumer Discretionary (0.35%)	1,480,847
Total Germany (cost \$1,611,500)	<u>1,480,847</u>
Total Investments in Securities (cost \$407,823,691)	<u>\$ 417,778,901</u>
Cash Equivalents (1.26%)	
United States (1.26%)	
Northern Institutional Treasury Portfolio	<u>\$ 5,318,160</u>
Total Cash Equivalents (cost \$5,318,160)	<u>\$ 5,318,160</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Statement of Operations
For the year ended December 31, 2024
(expressed in U.S. Dollars)

Investment income	
Dividend income (net of withholding taxes of \$2,020,470)	\$ 11,337,077
Interest income	381,324
Other income	237,300
Total investment income	<u>11,955,701</u>
Expenses	
Management fees	2,118,323
Administration fees	333,750
Custody fees	155,925
Professional fees	64,013
Other expenses	38,633
Total expenses	<u>2,710,644</u>
Net investment income	<u>9,245,057</u>
Realized gain/(loss) and unrealized appreciation/(depreciation) on investments and foreign currency transactions and translation	
Net realized gain/(loss) on investments	52,439,338
Net realized gain/(loss) on foreign currency transactions	33,126
Net change in unrealized appreciation/(depreciation) on investments	(44,445,088)
Net change in unrealized appreciation/(depreciation) on foreign currency translation	<u>(11,007)</u>
Net realized gain/(loss) and unrealized appreciation/(depreciation) on investments and foreign currency transactions and translation	<u>8,016,369</u>
Net increase in members' capital resulting from operations	<u>\$ 17,261,426</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Statement of Changes in Members' Capital
For the year ended December 31, 2024
(expressed in U.S. Dollars)

Members' capital at January 1, 2024	\$ 446,094,187
Capital contributions	111,500,000
Capital withdrawals	(151,460,000)
Net investment income	9,245,057
Net realized gain/(loss) on investments	52,439,338
Net realized gain/(loss) on foreign currency transactions	33,126
Net change in unrealized appreciation/(depreciation) on investments	(44,445,088)
Net change in unrealized appreciation/(depreciation) on foreign currency translation	<u>(11,007)</u>
Members' capital at December 31, 2024	<u>\$ 423,395,613</u>

The accompanying notes are an integral part of these financial statements.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Notes to Financial Statements
December 31, 2024

1. ORGANIZATION

International Value Institutional Series (the “Series”), is a series of Causeway Multi-Fund LLC (the “Fund”), which is a Delaware series limited liability company. The Series commenced operations on July 1, 2017. The Fund is divided into separate series and the obligations of a series are enforceable against such series only and not against any other series of the Fund generally, except as may otherwise be provided by the Delaware Limited Liability Company Act or the Limited Liability Company Agreement of the Fund. Each series is a separate pool of assets with its own investment objective and strategy as set forth in the applicable series schedule.

Causeway Capital Management LLC, a Delaware limited liability company, is the manager of the Fund (the “Manager”). The management of the Fund and each series is vested exclusively in the Manager. The Manager is registered as an investment adviser with the U.S. Securities and Exchange Commission (“SEC”).

The Series investment objective is to seek long-term growth of capital and income. The Series invests primarily in equity securities of companies in developed countries outside the U.S. Normally, the Series invests at least 80% of its total assets in stocks in a number of foreign countries and invests the majority of its total assets in companies that pay dividends or repurchase their shares. The Series may invest up to 15% of its total assets in emerging (less developed) markets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Series’ financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”). The Series is a private fund that applies the accounting and reporting guidance in Accounting Standards Codification (“ASC”) 946, *Financial Services – Investment Companies* by the U.S. Financial Accounting Standards Board (“FASB”).

The Series uses the accrual basis of accounting. The books and records of the Series are maintained in U.S. dollars.

Security Transactions and Investment Income

Securities transactions, including related revenues and expenses, are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on an accrual basis. Dividend and interest income are recorded net of applicable withholding taxes. Realized gains and losses from security transactions are determined using the specific identification method and are recognized in realized gain/(loss) on investments on the Statement of Operations. Changes in unrealized appreciation/(depreciation) on investments are recognized on the Statement of Operations.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP may require management to make estimates and assumptions that affect the amounts and disclosures in the financial statements and accompanying notes. Actual results could differ from those estimates.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Notes to Financial Statements
December 31, 2024

Security Valuation

Investments in securities and other traded instruments and contracts listed or quoted on an exchange that are freely transferable are valued at the price reported by the third-party pricing service used by the administrator, or, if not available from the pricing service, their last reported sales price during the regular trading session on the exchange that constitutes their principal market on the date of determination or otherwise at the last reported bid price on such exchange at the close of business on such date. Securities not listed or quoted on an exchange that are freely transferable are valued at the price reported by the third-party pricing service used by the administrator or, if not available from the pricing service, at either the most recent quoted bid price at the close of business on such date or the last reported sales price on such date.

Fair Valued Securities

In the case of securities or other assets for which there is no readily available third-party pricing, the administrator may rely on a value provided by other suitable independent sources, independent brokers, market makers, or other intermediaries or third parties.

In accordance with the authoritative guidance on fair value measurements and disclosures under GAAP, the Series discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. The hierarchy gives the highest priority to valuations based upon unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to valuations based upon unobservable inputs that are significant to the valuation (level 3 measurements). The guidance establishes three levels of the fair value hierarchy as follows:

- Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Series has the ability to access at the measurement date;
- Level 2: Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active;
- Level 3: Inputs that are unobservable.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input, individually or in the aggregate, that is significant to the fair value measurement. However, the determination of what constitutes "observable" requires significant judgment. The Series 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.

The inputs or methodologies used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Notes to Financial Statements
December 31, 2024

The following table represents the investments carried on the Statement of Assets, Liabilities and Members' Capital, by security type and level within the valuation hierarchy at December 31, 2024:

	Assets at Fair Value at December 31, 2024			Total
	Level 1	Level 2	Level 3	
Common stock	\$416,298,054	\$ –	\$ –	\$416,298,054
Preferred stock	1,480,847	–	–	1,480,847
Cash equivalents	5,318,160	–	–	5,318,160
Total assets at fair value	\$423,097,061	\$ –	\$ –	\$423,097,061

There were no transfers in or out of level 3 during the year ended December 31, 2024.

Since the Series held no level 3 investments for the year ended December 31, 2024, no reconciliation of level 3 investments is presented.

Derivative Instruments

The Series is permitted to transact in and hold derivative instruments, and periodically receives such instruments through corporate actions; the instrument's primary risk exposure is equity, foreign exchange and credit risk.

As at December 31, 2024, the Series held no derivative instruments.

New Issue Income

From time to time, the Fund may participate in the purchase of equity securities in an initial public offering ("New Issue Income"). Pursuant to FINRA Rules 5130 and 5131 of the U.S. Financial Industry Regulatory Authority, Inc., certain persons and entities may not be able to participate fully in the gains or losses from New Issue Income. The Series allocates gains and losses from New Issue Income in accordance with FINRA Rule 5130. There was no New Issue Income for the year ended December 31, 2024.

Currency Translation

Assets and liabilities denominated in currencies other than U.S. dollars are translated at the closing rates of exchange at the end of the year with the resulting differences included in change in unrealized appreciation/(depreciation) on foreign currency translation on the Statement of Operations. Purchases and sales of securities, which occur during the year, are transacted at the rates of exchange prevailing on the dates of the transactions. The Series includes changes in foreign exchange rates in market prices of securities held. Such fluctuations are included in net realized gain/(loss) on foreign currency transactions and net change in unrealized appreciation/(depreciation) on foreign currency translation on the Statement of Operations.

Causeway Multi-Fund LLC
(A Delaware series limited liability company)
International Value Institutional Series
Notes to Financial Statements
December 31, 2024

Income Taxes

The Series is not subject to federal, state or local income taxes under current laws and internal revenue regulations; such U.S. taxes are the responsibility of individual members. Accordingly, no provision has been made in the accompanying financial statements for any federal, state or local income taxes. Interest, dividend and other income realized by the Series from non-U.S. sources and capital gains realized on the sale of securities of non-U.S. issuers may be subject to withholding and other taxes levied by the jurisdiction in which the income is sourced.

The Series evaluates tax positions taken or expected to be taken in the course of preparing the Series tax returns to determine whether the tax positions are “more-likely-than-not” (i.e., greater than 50%) of being sustained by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold are recorded as a tax benefit or expense in the current year. The Series did not record any tax provision in the current year. If applicable, the Series recognizes interest accrued to unrecognized tax benefits in interest expense, and penalties in other expenses on the Statement of Operations.

However, the Series’ conclusions regarding tax positions taken may be subject to review and adjustment at a later date based on factors including, but not limited to, examination by tax authorities (i.e., the last 3 tax year ends, as applicable), and on-going analysis of and changes to tax laws, regulations and interpretations thereof.

The Series’ conclusions regarding the accounting standard may be subject to review and adjustment at a later date based on factors including, but not limited to, the ongoing analyses of tax laws, regulations and interpretations thereof. At December 31, 2024, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from 2020 forward (with limited exceptions).

3. CASH AND CASH EQUIVALENTS

The Series considers all cash, short-term deposits with an original maturity of three months or less, and money market fund investments to be short-term investments. Short-term investments that were held at Northern Trust Company (the “Custodian”) were invested in a money market fund. The money market fund invests primarily in a portfolio of short-term U.S. Treasury securities.

4. CAPITAL

The Series will generally accept subscriptions for membership interests (“Interests”) on the 15th calendar day of each month (or, if such a day is not a business day, the first business day thereafter) and as of the last business day of each month, and such other dates as may be determined by the Manager in its sole discretion, upon the subscriber providing at least five business days’ prior written notice.

The minimum initial subscription for Interests of the Series is \$10 million and the minimum additional investment is \$100,000. The Manager may in its discretion waive, reduce, or modify these requirements.

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A member may, upon at least five business days' prior written notice, withdraw some or all of its capital from the Series as of the 15th calendar day of each month (or, if such a day is not a business day, the first business day thereafter) and as of the last business day of each month, or on such other dates as may be determined by the Manager in its sole discretion. A request for withdrawal received following the required notice date will be treated as a request for withdrawal on the next following date of withdrawal, unless approved otherwise by the Manager in its sole discretion.

A member who requests a withdrawal of less than 97% of the value of its capital account will normally be paid within 30 days after the applicable withdrawal date. A member who is withdrawing 97% or more of the value of its capital account may, at the discretion of the Manager, be paid an amount equal to approximately 97% of the value in its capital account within 30 days after the applicable withdrawal date. The balance of the amount remaining in a withdrawing member's capital account (or the balance of the amount being withdrawn, as applicable) will normally be paid, without interest, after the issuance of the Series' audited financial statements. Withdrawal proceeds may be paid in cash and/or securities, at the discretion of the Manager. Transaction costs involved in funding a withdrawal, if any, may be specially charged to the withdrawing member.

The Manager may at any time suspend or restrict the right of any member to withdraw capital or receive a distribution from the Fund or any Series if, in the Manager's judgment, such suspension or restriction would be in the best interests of the Fund or such Series. For the year ended December 31, 2024, there were no suspensions or restrictions.

5. ALLOCATION OF NET GAINS AND NET LOSSES

Generally, net profit and net loss for each period (both realized and unrealized) are allocated to the members of the Series in proportion to their capital account balances as of the start of the period. Net profit and net loss include not only Series income and expenses, but also all realized and unrealized investments and foreign currency transaction and translation gains and losses.

6. MANAGEMENT FEES AND RELATED PARTY TRANSACTIONS

The Series pays the Manager an annual management fee payable quarterly in arrears, in an amount equal to a percentage of the month-end capital account balances of the members, which will be determined by reference to their capital accounts before giving effect to withdrawals. The annual management fee is equal to a blended rate of: (i) 0.75% on the first \$10 million of a member's aggregate capital account balance, (ii) 0.65% on the next \$40 million, and (iii) 0.50% thereafter. Certain members' capital account balances may be aggregated with the capital account balances of other members of the Fund who use the same investment adviser or are otherwise affiliated for management fee calculation purposes, and the Manager may, in its sole discretion, waive, reduce, rebate or otherwise agree to lower the management fee as to particular members.

7. ADMINISTRATION FEES

SEI Global Services, Inc. ("SEI") serves as the Fund's administrator and performs fund accounting and other administrative services on behalf of the Fund. SEI pays fund expenses on behalf of the Fund, with the Manager's approval.

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8. RISKS

The Series' investment activities include foreign investment risk, credit risk and counterparty risk, market price risk and ownership concentration.

Foreign Investment Risk – Investments in foreign securities involve certain risks, including those related to economic instability, unfavorable political developments and currency fluctuations, not present with domestic investments. For example, there may be less publicly available information about foreign companies, particularly those not subject to the disclosure and reporting requirements of the U.S. securities laws. Additionally, certain foreign issuers may not be bound by uniform accounting, auditing and financial reporting requirements and standards of practice comparable to those applicable to domestic issuers. Investments in foreign securities may also involve the risk of possible adverse changes in investment or exchange control regulations, nationalization, expropriation or confiscatory taxation and limitation on the removal of Series assets. Also, certain foreign stock markets may not be as developed as those in the United States, and securities of certain foreign issuers (particularly those located in developing countries) may be less liquid and more volatile than securities of comparable U.S. companies. These risks are heightened in emerging markets.

Global economies are increasingly interconnected, and political, economic and other conditions and events (including, but not limited to, war, conflicts, natural disasters, pandemics, epidemics, trading and tariff arrangements, inflation/deflation, and social unrest) in one country or region might adversely impact a different country or region. Furthermore, the occurrence of severe weather or geological events, fires, floods, earthquakes, climate change or other natural or man-made disasters, outbreaks of disease, epidemics and pandemics, malicious acts, cyber-attacks or terrorist acts, among other events, could adversely impact the performance of the Series. These events may result in, among other consequences, closing borders, exchange closures, health screenings, healthcare service delays, quarantines, cancellations, supply chain disruptions, lower consumer demand, market volatility and general uncertainty. These events could adversely impact issuers, markets and economies over the short- and long-term, including in ways that cannot necessarily be foreseen. The Series could be negatively impacted if the value of a portfolio holding were harmed by political or economic conditions or events. Moreover, negative political and economic conditions and events could disrupt the processes necessary for the management of the Series. For example, the actual and potential consequences of Brexit, and the associated uncertainty, have adversely affected, and for the foreseeable future may adversely affect, economic and market conditions in the United Kingdom, in the EU and its member states and elsewhere, and may also contribute to uncertainty and instability in global financial markets. There remains significant market uncertainty regarding Brexit's ramifications, and the range and potential implications of possible political, regulatory, economic and market outcomes are difficult to predict. In addition, Russia's invasion of Ukraine in February 2022, the resulting responses by the U.S. and other countries, and the potential for wider conflict, have increased and may continue to increase volatility and uncertainty in financial markets worldwide. Further, recent armed conflicts in the Middle East and related events could cause significant market disruptions and volatility. These and other similar events could negatively affect the performance of the Series.

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The value of foreign currency relative to the Series' base currency may fluctuate in response to, among other factors, interest rate changes, intervention (or failure to intervene) by national governments, central banks or supranational entities such as the International Monetary Fund, the imposition of currency controls and other political or regulatory developments. Foreign currency values may decrease significantly both in the short term and over the long term in response to these and other developments.

Credit Risk and Counterparty Risk – The Series may transact in derivative instruments. The Series' use of derivative instruments involves risk different from, and possibly greater than, the risk associated with investing directly in securities and other more traditional investments. Derivatives are subject to a number of risks, such as potential changes in value in response to interest rate changes or other market developments or as a result of a counterparty's credit quality and the risk that a derivative transaction may not have the anticipated effect. Derivatives may also involve the risk of mispricing or improper valuation and the risk that changes in the value of a derivative may not correlate perfectly with the asset, rate, or index underlying the derivative. Derivative transactions can create investment leverage and may be highly volatile. Use of derivatives other than for hedging purposes may be considered speculative. When the Series invests in a derivative instrument, it may lose more than the principal amount invested. Many derivative transactions are entered into "over the counter" ("OTC") (not on an exchange or contract market); as a result, the value of such a derivative transaction will depend on the ability and willingness of the Series' counterparty to perform its obligations under the transaction. A liquid secondary market may not always exist for the Series' derivative positions at any time. Although the use of derivatives is intended to complement the Series' performance, it may instead reduce returns and increase volatility. The measurement of the risks associated with derivative instruments is meaningful only when all related and offsetting transactions are considered.

Market Price Risk – The profitability of a significant portion of the investment program of the Series depends upon correctly assessing the future price movements of specific securities and other investments. There can be no assurance that the Manager will be able to predict accurately these price movements. At times, the securities markets experience volatility and unpredictability. With respect to the investment strategy used by the Manager, there is always some, and occasionally a significant, degree of market risk.

Ownership Concentration – At December 31, 2024, there were three members who own more than 10% of the total capital and in aggregate owned 54.00% of the Series' capital balance. A decision by any of these members to withdraw capital from the Series could have a negative impact on the remaining members.

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9. FINANCIAL HIGHLIGHTS

The following table summarizes the members' total return and their ratios of net investment income and expenses to average members' capital for the year ended December 31, 2024:

Total return	<u>4.67 %</u>
Ratio to average members' capital	
Net investment income	<u>2.26 %</u>
Operating expenses	<u>0.65 %</u>

Total return is calculated for the members taken as a whole. An individual investor's total return, net investment income, and expense ratio may vary from these percentages based on different fee arrangements and the timing of capital transactions.

10. COMMITMENTS AND CONTINGENCIES

In the normal course of business, the Series enters into contracts that contain a variety of representations and warranties that provide general indemnifications. The Series' maximum exposure under these arrangements is unknown, as this would involve future claims that may be made against the Series that have not yet occurred. However, based on experience, management expects the risk of loss to be remote.

11. SUBSEQUENT EVENTS

The Series has evaluated the need for disclosures and/or adjustments resulting from subsequent events through April 21, 2025, the date the financial statements were available to be issued. For the period from January 1, 2025 to April 21, 2025, there were capital contributions and capital withdrawals of \$93,500,000 and \$48,500,000, respectively. Based on this evaluation, no other adjustments were required to the financial statements.

CAUSEWAY MULTI-FUND LLC- INTERNATIONAL VALUE INSTITUTIONAL SERIES

Fund Sponsor: CAUSEWAY CAPITAL MANAGEMENT LLC

Fund Sponsor EIN: 81-4761644

Fund Number: 001

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

Identity of Issue	Investment Type	Cost	Current Value
DR ING HC F PORSCHE AG	PREFERRED STOCK	\$ 1,611,500	\$ 1,480,847
AIR LIQUIDE SA	COMMON STOCK	\$ 1,924,067	\$ 1,692,425
AKZO NOBEL N.V.	COMMON STOCK	\$ 12,210,893	\$ 10,910,741
ALLIANZ SE-REG	COMMON STOCK	\$ 2,201,808	\$ 2,898,033
ALSTOM	COMMON STOCK	\$ 13,432,076	\$ 17,357,463
AMADEUS IT GROUP SA	COMMON STOCK	\$ 1,123,649	\$ 1,203,578
ANHEUSER-BUSCH INBEV SA/NV	COMMON STOCK	\$ 8,398,213	\$ 7,302,693
ARCELORMITTAL	COMMON STOCK	\$ 6,056,102	\$ 6,038,872
ASTRAZENECA PLC	COMMON STOCK	\$ 12,233,276	\$ 11,952,314
AXA SA	COMMON STOCK	\$ 4,086,743	\$ 4,813,591
BANCO BRADESCO-ADR	COMMON STOCK	\$ 1,887,467	\$ 1,290,024
BARCLAYS PLC	COMMON STOCK	\$ 9,764,051	\$ 16,607,279
BARRICK GOLD CORP	COMMON STOCK	\$ 2,581,730	\$ 2,048,425
BERKELEY GROUP HOLDINGS/THE	COMMON STOCK	\$ 3,115,467	\$ 2,944,582
BNP PARIBAS	COMMON STOCK	\$ 4,661,395	\$ 4,877,324
BP PLC	COMMON STOCK	\$ 11,696,830	\$ 9,705,890
BRITISH AMERICAN TOBACCO PLC	COMMON STOCK	\$ 4,540,801	\$ 4,884,513
CANADIAN PACIFIC KANSAS CITY LTD	COMMON STOCK	\$ 12,826,840	\$ 11,951,551
CARREFOUR SA	COMMON STOCK	\$ 3,739,807	\$ 3,065,557
CHECK POINT SOFTWARE TECH	COMMON STOCK	\$ 3,557,841	\$ 3,714,770
COMPAGNIE DE SAINT GOBAIN	COMMON STOCK	\$ 7,312,659	\$ 7,891,240
COMPASS GROUP PLC	COMMON STOCK	\$ 1,745,229	\$ 2,330,591
DANONE	COMMON STOCK	\$ 3,544,743	\$ 4,057,594
DEUTSCHE TELEKOM AG-REG	COMMON STOCK	\$ 4,812,229	\$ 6,485,409
DIAGEO PLC	COMMON STOCK	\$ 11,180,990	\$ 9,149,743
ELECTROLUX AB-B	COMMON STOCK	\$ 1,681,459	\$ 1,723,040
ENEL SPA	COMMON STOCK	\$ 8,016,611	\$ 9,787,158
FANUC CORP	COMMON STOCK	\$ 9,787,875	\$ 9,151,594
FUJITSU LIMITED	COMMON STOCK	\$ 6,058,739	\$ 6,533,264
GSK PLC	COMMON STOCK	\$ 9,577,323	\$ 8,749,472
HEIDELBERG MATERIALS AG	COMMON STOCK	\$ 1,662,925	\$ 1,644,191
HEINEKEN NV	COMMON STOCK	\$ 5,711,858	\$ 4,751,191
INFINEON TECHNOLOGIES AG	COMMON STOCK	\$ 9,112,081	\$ 8,318,868
ING GROEP NV	COMMON STOCK	\$ 4,532,271	\$ 5,045,090
JULIUS BAER GROUP LTD	COMMON STOCK	\$ 3,696,325	\$ 4,204,543
KERING	COMMON STOCK	\$ 21,177,062	\$ 16,078,944
KINGFISHER PLC	COMMON STOCK	\$ 3,455,662	\$ 3,549,950
KONINKLIJKE PHILIPS NV	COMMON STOCK	\$ 7,129,160	\$ 8,506,997
LANXESS AG	COMMON STOCK	\$ 5,012,935	\$ 4,577,578
LEGAL & GENERAL GROUP PLC	COMMON STOCK	\$ 3,994,551	\$ 4,082,587
LI NING CO LTD	COMMON STOCK	\$ 907,871	\$ 966,409
LINK REIT	COMMON STOCK	\$ 2,152,563	\$ 1,808,587
MURATA MANUFACTURING CO LTD	COMMON STOCK	\$ 4,665,382	\$ 3,915,419
NATWEST GROUP PLC	COMMON STOCK	\$ 838,769	\$ 1,297,576
NINTENDO CO LTD	COMMON STOCK	\$ 5,823,552	\$ 6,364,603
PRUDENTIAL PLC	COMMON STOCK	\$ 12,246,446	\$ 9,027,243
RECKITT BENCKISER GROUP PLC	COMMON STOCK	\$ 15,815,581	\$ 14,316,655
RELX PLC	COMMON STOCK	\$ 3,050,568	\$ 4,319,509
RENASAS ELECTRONICS CORP	COMMON STOCK	\$ 14,818,333	\$ 11,973,739
ROCHE HOLDING AG-GENUSSCHEIN	COMMON STOCK	\$ 10,837,298	\$ 10,248,434
ROLLS-ROYCE HOLDINGS PLC	COMMON STOCK	\$ 3,957,865	\$ 15,322,369
RWE AG	COMMON STOCK	\$ 2,450,425	\$ 2,056,524
SAMSUNG ELECTRONICS CO LTD	COMMON STOCK	\$ 17,671,495	\$ 13,685,173
SAMSUNG FIRE & MARINE INS	COMMON STOCK	\$ 629,862	\$ 610,508
SANOFI	COMMON STOCK	\$ 8,077,345	\$ 8,120,133
SAP SE	COMMON STOCK	\$ 4,671,341	\$ 8,330,548
SEGRO PLC	COMMON STOCK	\$ 3,566,323	\$ 3,184,679
SHINHAN FINANCIAL GROUP LTD	COMMON STOCK	\$ 2,496,063	\$ 2,006,048
SMC CORP	COMMON STOCK	\$ 5,680,368	\$ 5,137,373
SMITH & NEPHEW PLC	COMMON STOCK	\$ 3,149,135	\$ 2,818,801
SMURFIT WESTROCK PLC	COMMON STOCK	\$ 1,661,889	\$ 2,010,378
SOCIETE GENERALE SA	COMMON STOCK	\$ 2,213,580	\$ 2,263,214
SODEXO SA	COMMON STOCK	\$ 2,961,199	\$ 2,830,999
STANDARD CHARTERED PLC	COMMON STOCK	\$ 4,065,570	\$ 5,228,819
TAKEDA PHARMACEUTICAL CO LTD	COMMON STOCK	\$ 1,888,303	\$ 1,753,764
TENCENT HOLDINGS LTD	COMMON STOCK	\$ 4,337,561	\$ 5,551,660
UNICREDIT SPA	COMMON STOCK	\$ 4,360,543	\$ 7,489,461

CAUSEWAY MULTI-FUND LLC- INTERNATIONAL VALUE INSTITUTIONAL SERIES

Fund Sponsor: CAUSEWAY CAPITAL MANAGEMENT LLC

Fund Sponsor EIN: 81-4761644

Fund Number: 001

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

Identity of Issue	Investment Type	Cost	Current Value
DR ING HC F PORSCHE AG	PREFERRED STOCK	\$ 1,611,500	\$ 1,480,847
UNITED OVERSEAS BANK LTD	COMMON STOCK	\$ 3,795,551	\$ 4,607,590
WH SMITH PLC	COMMON STOCK	\$ 5,058,795	\$ 4,193,785
WORLDLINE SA	COMMON STOCK	\$ 3,120,869	\$ 2,979,386
* NORTHERN INSTITUTIONAL TREASURY PORTFOLIO	MUTUAL FUNDS	\$ 5,318,160	\$ 5,318,160
OTHER ASSETS	OTHER ASSETS	\$ 85,949	\$ 85,949
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ 423,183,010