

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, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 13-4064930
2c Plan Sponsor's telephone number: 629-213-5284
2d Business code (see instructions): 523900

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5892
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3202
	6a(2)	2971
	6b	26
	6c	2809
	6d	5806
	6e	33
	6f	5839
	6g(1)	5667
	6g(2)	5760
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:
 2E 2F 2G 2J 2K 2R 2S 2T

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.</p>	<p>D Employer Identification Number (EIN) 13-4064930</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	102	955	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	60139544

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.</p>	<p>D Employer Identification Number (EIN) 13-4064930</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	34420000001	977	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	48695867

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.</p>	<p>D Employer Identification Number (EIN) 13-4064930</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	001	857	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	57933449

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.</p>	<p>D Employer Identification Number (EIN) 13-4064930</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	01-09140001	977	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	71888055

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.</p>	<p>D Employer Identification Number (EIN) 13-4064930</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
JACKSON NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
38-1659835	65056	AB10000002	955	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	22170897

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.	D Employer Identification Number (EIN) 13-4064930	

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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

AXA EQUITABLE LIFE INSURANCE CO.

13-5570651

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

LINCOLN NATIONAL LIFE INSURANCE CO.

35-0472300

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

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

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

PRUDENTIAL RET. INS. & ANNUITY CO.

06-1050034

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

STATE STREET

04-2456637

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

JACKSON NATIONAL INSURANCE

38-1659835

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

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

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

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

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

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

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

VOYA INSTITUTIONAL PLAN SERVICES

04-3516284

(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?
64 50	NONE	17250	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</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>ALLIANCEBERNSTEIN L.P.</u>	D Employer Identification Number (EIN) <u>13-4064930</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: <u>AB US INFLATION-LINKED SEC CT CL B</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5348986</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US SHORT DURATION PLUS CT CL B</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-019</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5235385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US INFLATION-LINKED SEC CT CL A</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-016</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12134545</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US HIGH YIELD CT CL B</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16463381</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US SMALL & MID CAP VALUE CT CL B</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22179912</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB US SMALL & MID CAP GROWTH CL B</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21946524</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL LOW VOL CT CL P</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN L.P.</u>		
c EIN-PN <u>04-6948485-033</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31602443</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US SHORT DURATION PLUS CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25321465
a Name of MTIA, CCT, PSA, or 103-12 IE: AB BALANCED 50/50 CT		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 202894363
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL REAL ESTATE SEC CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27272646
a Name of MTIA, CCT, PSA, or 103-12 IE: AB VOLATILITY MANAGEMENT CT CL B		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-030	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47268581
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL CORE EQUITY CT CL B		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56023168
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL FIXED INCOME CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-035	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76259420
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL CORE EQUITY CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180207467
a Name of MTIA, CCT, PSA, or 103-12 IE: AB INTL. STRATEGIC EQUITIES CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235792261
a Name of MTIA, CCT, PSA, or 103-12 IE: AB US STRATEGIC EQUITIES CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 486120963
a Name of MTIA, CCT, PSA, or 103-12 IE: AB ALL MARKET REAL RETURN CT CL A		
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.		
c EIN-PN 04-6948485-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38548152

a Name of MTIA, CCT, PSA, or 103-12 IE: AB BALANCED 50/50 CT

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN 16-1050034-819	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57933449
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a Name of MTIA, CCT, PSA, or 103-12 IE: AB US HIGH YIELD CT CL D

b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.

c EIN-PN 04-6948485-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10710304
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a Name of MTIA, CCT, PSA, or 103-12 IE: AB DOMESTIC PASSIVE CT CL D

b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN L.P.

c EIN-PN 04-6948485-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47962621
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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 PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.	D Employer Identification Number (EIN) 13-4064930

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	1229099	564592
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19032745	19734587
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	48021524	45414789
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	4293696	4641042
(9) Value of interest in common/collective trusts	1c(9)	1177123587	1607226036
(10) Value of interest in pooled separate accounts	1c(10)	233668835	0
(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)	36544596	36052856
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1519914082	1713633902
Liabilities			
g Benefit claims payable.....	1g	1229099	564592
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1229099	564592
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1518684983	1713069310

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)	19734587	
(B) Participants.....	2a(1)(B)	47405233	
(C) Others (including rollovers).....	2a(1)(C)	11515149	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		78654969
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	94222	
(B) U.S. Government securities.....	2b(1)(B)	2389026	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	321053	
(F) Other.....	2b(1)(F)	208	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2804509
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1739060	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1739060
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		203926669
(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)		5132377
c Other income	2c		166146
d Total income. Add all income amounts in column (b) and enter total	2d		292423730

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	126411802	
(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)		126411802
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		126411802

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		166011928
l Transfers of assets:			
(1) To this plan	2l(1)		28372399
(2) From this plan	2l(2)		

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

(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.)		X	
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PROFIT SHARING PLAN FOR EMPLOYEES OF ALLIANCEBERNSTEIN L.P.</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIANCEBERNSTEIN L.P.</u>	D Employer Identification Number (EIN) <u>13-4064930</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-3581074

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**Profit Sharing Plan for
Employees of
AllianceBernstein L.P.**

**Financial Statements and Supplemental Schedule
December 31, 2024 and 2023
(With Report of Independent Auditors Thereon)**

Profit Sharing Plan for Employees of AllianceBernstein L.P.

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*Other schedules required by Section 2520.103-10 of the Department of Labor's Rule and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Report of Independent Auditors

To the Administrator of the Profit Sharing Plan for Employees of AllianceBernstein L.P.

Opinion

We have audited the accompanying financial statements of the Profit Sharing Plan for Employees of AllianceBernstein L.P. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 Plan 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 Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Princeton Home Cooper LLP

Nashville, TN

October 14, 2025

Profit Sharing Plan for Employees of AllianceBernstein L.P.
Statements of Net Assets Available for Benefits
As of December 31, 2024 and 2023

	December 31,	
	2024	2023
Assets		
Investments, at fair value		
Common Collective Trusts	\$ 1,607,226,036	\$ 1,410,792,422
U.S. Government Securities	45,414,789	48,021,524
Mutual Funds	36,052,856	36,544,596
Total investments	1,688,693,681	1,495,358,542
Cash	564,592	1,229,099
Employer contributions receivable	19,734,587	19,032,745
Notes receivable from participant loans	4,641,042	4,293,696
Total assets	1,713,633,902	1,519,914,082
Net assets available for benefits	<u>\$ 1,713,633,902</u>	<u>\$ 1,519,914,082</u>

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

Profit Sharing Plan for Employees of AllianceBernstein L.P.
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

	For the Year Ended, 12/31/2024
Net assets attributed to	
Investment income	
Net appreciation in fair value of investments	\$ 209,059,046
Other income	166,146
Dividends and interest	4,222,516
Total investment income	213,447,708
Interest Income	
Interest on participant loans	321,053
Total interest income	321,053
Contributions	
Employer	19,734,587
Participant	47,405,233
Participant rollovers	11,515,149
Total contributions	78,654,969
Benefits paid	
Benefits paid to participants	127,076,309
Total benefits paid	127,076,309
Net increase in net assets available for benefits	165,347,421
Net assets transferred from affiliate plan	28,372,399
Net assets available for benefits at	
Beginning of year	1,519,914,082
End of year	\$ 1,713,633,902

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

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

1. Plan Sponsor

AllianceBernstein L.P. ("AB" or the "Plan Sponsor") is the sponsor of the Profit Sharing Plan for Employees of AllianceBernstein L.P. (the "Plan"). AB provides diversified investment management and related services globally to a broad range of clients. AllianceBernstein Corporation (the "Company"), an indirect wholly-owned subsidiary of Equitable Holdings, Inc. ("EQH"), is the General Partner of AB.

2. Description of Plan

General

The Plan is a qualified defined contribution plan covering employees of AB and certain of its subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is operated in accordance with its terms by the Plan's Administrative Committee and Investment Committee, each of which is appointed by the Compensation and Workplace Practices Committee of the Board of Directors of the Company ("the Compensation Committee").

The following is a brief summary of the provisions of the Plan document. Participants should refer to the Plan document for a complete description of the Plan's provisions. Capitalized terms used herein and not defined have the meanings assigned to them in the Plan document.

Eligibility

Employees are eligible to participate in AB's annual matching contribution and annual contribution commencing on the January 1 or July 1 following completion of one year of employment during which they accrue at least 1,000 hours of service, provided they have attained age 21. AB contributions for a Plan year will be allocated to eligible participants provided they are employed by AB, its subsidiaries or an Affiliate, as defined in the Plan, as of the last accounting date of the Plan year.

Plan Investments

Under the terms of a trust agreement with AB, Voya Institutional Trust Company (the "Trustee") manages a trust (the "Trust") which holds the assets of the Plan.

Participants may direct the investment of their account balances into one or more Plan investments, including various Common Collective Trusts, which include Customized Retirement Strategies ("CRSs"), Collective Investment Trusts ("CITs") and Lifetime Income Strategies ("LISs"); a government cash portfolio; and multiple mutual funds through a broker window. LIS includes an insurance component, which is intended to provide participants with a consistent stream of secure income upon retirement. LIS is the Plan's qualified default investment option.

LIS is an age-based asset-allocation investment with an optional secure lifetime income feature provided through multiple group insurance contracts. LIS creates this optional insured income stream for the participant's retirement years by gradually moving the participant's Lifetime Income Strategy assets from the "non-secure" LIS component portfolios (the Stock, Bond, Diversified, Real Asset, Short Duration and Volatility Management portfolios) into the Secure Income Portfolio ("SIP") - a special portfolio backed by multiple insurance companies. The SIP is invested by the insurance companies in separate accounts where the underlying investment is the AB Balanced 50/50 Collective Trust with an investment objective of long-term growth of capital.

Beginning at age 60, retiring participants invested in LIS can receive an optional guaranteed Annual Income Benefit secured with insurance contracts which is guaranteed for life, even if the participant's balance in the SIP becomes exhausted during retirement. However, amounts withdrawn from the SIP in excess of a given year's annual income benefit will reduce the future annual income benefit amount. Payment can be taken monthly or as-needed, but participants cannot carry forward unused portions of a given year's annual income benefit.

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

AB serves as the investment adviser for these investments. The LISs and CRSs are held in custody by AB Trust Company, LLC (“ABTC”), a wholly-owned subsidiary of AB. The CITs and U.S. Government Securities are held in custody by State Street Investor Services. AB Investor Services, Inc. (“ABIS”), an indirect wholly-owned subsidiary of AB, serves as the transfer agent for the CRSs, CITs and LISs investments.

Lastly, Plan participants have access to a mutual fund window. This option enables them to invest in a wide range of mutual funds, subject to any plan restrictions. The mutual fund window is administered by Schwab.

Contributions

Participants may elect to contribute a percentage of their salary reduction compensation on a pre-tax basis or on a Roth after-tax basis in the form of voluntary salary deferrals. Salary reduction compensation includes base salary, draw, bonuses, commissions and overtime pay. Employees who do not affirmatively elect a salary deferral percentage and who do not opt out of automatic enrollment are automatically enrolled in the Plan at an initial pre-tax contribution rate of 6%, on both their non-bonus pay and their bonus pay, with an annual auto escalation rate of 2% up to a ceiling of 10%. Automatic enrollees who have no investment allocations for future contributions are defaulted into the LIS Portfolio.

For 2024 and 2023, the maximum salary deferral amount that may be contributed to the Plan by participants is 35% of salary reduction compensation for all employee participants to a maximum of \$23,000 for 2024 and \$22,500 for 2023. In addition, employee participants at or over age 50 may elect to make “catch-up” contributions to the Plan by deferring an additional amount on a pre-tax basis or on a Roth after-tax basis, up to a maximum “catch-up” contribution amount of \$7,500 for both 2024 and 2023.

AB may make an annual discretionary matching contribution to the Plan in an amount determined by the Compensation Committee. In 2024, the matching contribution was equal to 100% of the aggregate match-eligible salary reductions made by employee participants under Section 401(k) of the Internal Revenue Code of 1986, as amended (“Code”), to a maximum matching contribution of 5% of match-eligible base compensation. AB may make an additional annual discretionary contribution to the Plan in an amount determined by the Compensation Committee. AB did not make an additional annual discretionary contribution for 2024.

Compensation over a specified limit set by the federal government (\$345,000 and \$330,000 for 2024 and 2023, respectively) is not taken into account under the Plan for the purpose of determining benefits and contributions.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of AB contributions based on each participant’s eligible earnings, as defined in the Plan document. Earnings on Plan investments are allocated to all participant accounts based on each participant’s account balance invested in the applicable investment. The benefit to which a participant is entitled is the vested balance in the participant’s account.

Vesting

All participants employed by AB or an Affiliate are 100% vested.

Distributions

Participants who separate from service with AB can elect to receive a lump-sum payment, installment payments or a partial distribution of their vested account balance in a minimum amount equal to the lesser of \$1,000 or their vested account balance. Participants who separate from service with AB with vested account balances of \$1,000 or less generally will receive an automatic lump-sum payment equal to their vested account balance, unless their LIS secure income withdrawal amount is in pay status after LIS activation.

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

Administrative Expenses

Expenses for administering the Plan may be paid from Plan assets, unless paid by AB. AB paid all 2024 and 2023 Plan expenses. Participants' accounts are charged service fees for certain optional services such as loan issuance and qualified domestic relations order reviews.

Plan Termination

Although it has not expressed any intent to do so, AB has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. A "termination" shall be deemed to take place if the Company terminates the Plan, partially terminates it (within the meaning of Code Section 411(d)(3)(A)) or completely discontinues contributions under this Plan (for this purpose, a suspension of contributions, which is merely temporary, shall not be deemed a complete discontinuance). In the event of a termination, the Company may direct the Trustee to continue to maintain the Trust, and the assets thereof shall be applied at the continued direction of the Administrative Committee in accordance with the Plan. Upon termination of the Trust, distribution to each participant shall be made as soon as practicable thereafter in the manner described in the plan document. Until fully distributed, participants' accounts shall be revalued from time to time in accordance with the Plan. Upon termination or partial termination of the Plan, the rights of all affected participants to the amounts credited to their accounts to the date of such termination shall become non forfeitable.

Notes Receivable from Participant Loans

Each participant can borrow money in an amount up to 50% of the participant's vested account balance, with a minimum loan of \$1,000 and maximum of \$50,000 less the participant's highest outstanding loan balance during the previous 12 months (even if repaid). A participant may have up to two loans outstanding at a time. All loans bear interest consistent with regulations established by the U.S. Department of Labor. All loans are collateralized by the participant's account and generally are repaid by payroll deductions over a maximum period of five years, unless the loan proceeds are used towards the purchase of a principal residence of the borrower, in which case the loan term may be up to fifteen years. Participants' accounts are charged an administrative fee of \$75 for each loan that they take from the Plan. Loans may be paid off in full at any time. A participant with a loan in default is unable to take a new loan until the loan in default has been repaid in full.

Affiliate Plan Merger

On April 18, 2024, in connection with the historical acquisition of CarVal Investors, a consolidated entity, approximately \$28.4 million in assets from the CarVal Investors Savings Plan were merged into the Plan. As a result of the merger, there were no significant changes in plan provisions or administrative practices. The ongoing plan assets will be managed on a consolidated basis under the terms of the Plan.

3. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amount of assets, liabilities, changes therein, and disclosures of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from these estimates and assumptions.

Investments, Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value of investments is determined using the net asset value of shares as reported by LIS, CRS and the CITs at year end (see Note 4 for further discussion).

LIS may invest in a combination of chosen investment vehicles including, but not limited to, collective trusts, mutual funds and separate accounts (collectively the "Underlying Components"). The Underlying

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

Components may include investments in the AB Collective Investment Trust Series (the “Underlying Trusts”). The investments in the Underlying Components and Underlying Trusts are valued at their net asset value each business day.

The CRSs invest primarily in a combination of Underlying Trusts. Investments in the Underlying Trusts are valued at their net asset value each business day.

The CITs invest in either Underlying Trusts or in a separate pool of assets constituting, in effect, a separate trust with its own investment objectives and policies. The investments in the Underlying Trusts are valued at their net asset value each business day. Investments in a separate pool of assets value their portfolio securities at their current market value determined on the basis of market quotations or, if market quotations are not readily available or are deemed unreliable, at “fair value” as determined in good faith by the Trustee of the CIT. Investments in short-term money market funds are valued at their net asset value each day. Securities for which market quotations are not readily available, including restricted securities, or are deemed unreliable, are valued at fair value.

Securities transactions are recorded on a trade-date basis. Gains or losses realized from the sale of securities are determined on the identified cost basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan presents the net appreciation (depreciation) in fair value of investments, which consists of realized gains or losses and the unrealized appreciation (depreciation) on those investments in the statements of changes in net assets available for benefits.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as benefits paid based upon the terms of the plan document. As of December 31, 2024 and 2023, there was no allowance required for credit losses.

Contributions and Benefits Paid

Employer contributions are accrued or received by the Plan as of the last day of each Plan year. Benefits paid to participants are recorded when paid.

Risks and Uncertainties

The principal assets of the Plan’s investments are Underlying Trusts. Underlying Trusts, in general, are exposed to various risks, such as indemnification risk, foreign securities risk, interest rate risk, credit risk, currency risk, derivatives risk, leverage risk, liquidity risk, market risk and libor transition and associated risk. For additional information about risks, see *Note 5*. Due to the level of risk associated with certain Underlying Trusts, it is reasonable to expect that changes in the values of Underlying Trusts will occur in the near term and that such changes could materially affect participant account balances and the net assets available for plan benefits.

Significant Accounting Pronouncements

During 2024, there have been no recently adopted accounting pronouncements or pronouncements not yet adopted that have or are expected to have a material impact on our results of operations.

4. Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date. The three broad levels of fair value hierarchy are as follows:

- | | |
|---------|---|
| Level 1 | Quoted prices in active markets are available for identical assets or liabilities as of the reported date. |
| Level 2 | Quoted prices in markets that are not active or other pricing inputs that are either directly or indirectly observable as of the reported date. |

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable as of the reported date. These financial instruments do not have two-way markets and are measured using management's best estimate of fair value, where the inputs into the determination of fair value require significant management judgment or estimation.

See Note 3 for further discussion of the Plan's valuation methods.

Common Collective Trusts

There are no unfunded commitments with respect to LISs, CRSs and CITs, but they may be subject to redemption restrictions, at the Trustee's discretion, to the extent that it is determined such actions would disrupt the management of the funds. For example, the Trustee must receive notice 30 days prior to either the redemption of all or substantially all of the units owned by the Plan in a particular trust, or the elimination of a trust as an investment option for participants of the Plan.

These investments are investment vehicles valued using NAV (or its equivalent) as a practical expedient provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

U.S. Government Securities

The U.S. Government Securities portfolio invests primarily in high-quality, short-term securities. These may include: short-term obligations issued or guaranteed by the U.S. government, its agencies or municipalities. These securities are valued based on quoted yields in secondary markets and are included in Level 2 of the valuation hierarchy.

Mutual Funds

The mutual fund window allows participants to choose from thousands of mutual funds, subject to certain plan restrictions. The mutual funds net asset values are included in Level 1 of the valuation hierarchy.

The following table summarizes the valuation of the Plan's investments by fair value hierarchy as of December 31, 2024 and 2023:

	Level 1	Level 2	Level 3	NAV Expedient ^(a)	Total
<u>December 31, 2024</u>					
Mutual Funds	\$ 36,052,856	\$ —	\$ —	\$ —	\$ 36,052,856
U.S. Government Securities	—	45,414,789	—	—	45,414,789
Common Collective Trusts ^(a)	—	—	—	1,607,226,036	1,607,226,036
Total investments measured at fair value	<u>\$ 36,052,856</u>	<u>\$ 45,414,789</u>	<u>\$ —</u>	<u>\$ 1,607,226,036</u>	<u>\$ 1,688,693,681</u>
<u>December 31, 2023</u>					
Mutual Funds	\$ 36,544,596	\$ —	\$ —	\$ —	\$ 36,544,596
U.S. Government Securities	—	48,021,524	—	—	48,021,524
Common Collective Trusts ^(a)	—	—	—	1,410,792,422	1,410,792,422
Total investments measured at fair value	<u>\$ 36,544,596</u>	<u>\$ 48,021,524</u>	<u>\$ —</u>	<u>\$ 1,410,792,422</u>	<u>\$ 1,495,358,542</u>

^(a) In accordance with ASC 820-10, certain investments that were measured at net asset value ("NAV") per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

5. Risk Involved in Investing in Underlying Trusts

Indemnification Risk

In the ordinary course of business, the Underlying Trusts enter into contracts that contain a variety of indemnifications. The Underlying Trusts' maximum exposure under these arrangements is unknown. However, the Underlying Trusts have not had prior claims or losses pursuant to these indemnification provisions and expect the risk of loss thereunder to be remote.

Foreign Securities Risk

The Underlying Trusts' investments in securities of non-U.S. issuers may involve more risk than those of U.S. issuers. These securities may fluctuate more widely in price and may be more difficult to trade due to adverse market, economic, political, regulatory or other factors.

Interest Rate Risk and Credit Risk

Interest rate risk is the risk that changes in interest rates will affect the value of the Underlying Trusts' investments in fixed income debt securities such as bonds or notes. Increases in interest rates may cause the value of the Underlying Trusts' investments to decline. Interest rate risk is generally greater for fixed income securities with longer maturities or durations.

Credit risk is the risk that the issuer or guarantor of the debt security, or the counterparty to a derivative contract, will be unable or unwilling to make timely principal and/or interest payments, or to otherwise honor its obligations. The degree of risk for a particular security may be reflected in its credit risk rating. Credit risk is greater for medium quality and lower-rated debt securities. Lower-rated debt securities and similar unrated securities (commonly known as "junk bonds") have speculative elements or are predominantly speculative risks.

Currency Risk

Fluctuations in currency exchange rates may negatively affect the value of the Underlying Trusts' investments or reduce returns.

Derivatives Risk

The Underlying Trusts may enter into derivative transactions such as forwards, options, futures and swaps. Derivatives may be illiquid, difficult to price, and leveraged so that small changes may produce disproportionate losses for the Underlying Trusts, and subject to counterparty risk to a greater degree than more traditional investments. Derivatives may result in significant losses, including losses that are far greater than the value of the derivatives reflected in the statement of assets and liabilities.

Leverage Risk

When the Underlying Trusts borrow money or otherwise leverages their portfolio, they may be volatile because leverage tends to exaggerate the effect of any increase or decrease in the value of the Underlying Trusts' investments. The Underlying Trusts may create leverage through the use of reverse repurchase arrangements, forward currency exchange contracts, forward commitments, dollar rolls or futures contracts or by borrowing money. The use of derivative instruments by the Underlying Trusts, such as forwards, futures, options and swaps, may also result in a form of leverage. Leverage may result in higher returns to the Underlying Trusts than if the Underlying Trusts were not leveraged, but may also adversely affect returns, particularly if the market is declining.

Liquidity Risk

Liquidity risk exists when particular investments are difficult to purchase or sell, possibly preventing the Underlying Trusts from selling out of these securities at an advantageous time or price. The Underlying Trusts invest in unlisted securities and synthetic foreign equity securities, which may have greater liquidity risk.

Market Risk

The value of the Underlying Trusts' assets will fluctuate as the stock or bond market fluctuates. The value of their investments may decline, sometimes rapidly and unpredictably, simply because of economic

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Notes to Financial Statements

December 31, 2024 and 2023

changes or other events, including public health crises (including the occurrence of a contagious disease or illness) and regional and global conflicts, that affect large portions of the market.

6. Related Party Transactions

AB provides the Trust with investment research, advice and supervision, and maintains an investment program consistent with the Trust's investment objectives and policies. However, Plan participants invested in LISs, CRSs and the CITs do not pay advisory fees to AB because AB has voluntarily agreed to pay all operating expenses (trustee fees, custodian fees, audit fees, transfer agent fees, printing fees and certain other miscellaneous fees) of the Plan.

With the exception of the mutual funds, all Plan investments are managed by AB and are therefore considered to be party-in-interest transactions. The following is a summary of transactions with parties affiliated with the Plan for the years ended December 31, 2024 and 2023:

	<u>Aggregate Cost of Purchases</u>	<u>Aggregate Proceeds from Sales</u>	<u>Realized gains</u>	<u>Unrealized gains</u>
2024				
AB funds	\$ 252,167,265	\$ (266,499,673)	\$ 89,860,468	\$ 115,899,483
2023				
AB funds	\$ 162,681,485	\$ (178,479,538)	\$ 45,087,165	\$ 170,185,035

7. Income Taxes

The Internal Revenue Service has determined and informed AB by letter dated November 17, 2017 that the Plan and related Trust are qualified in accordance with applicable sections of the Internal Revenue Code of 1986, as amended ("Code"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

The Plan, as a tax-exempt entity, is generally not subject to federal and state income taxes. No federal income tax was incurred by the Plan in 2024 and 2023.

GAAP requires Plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan's Forms 5500 are no longer subject to examinations by the IRS for years prior to 2022.

Profit Sharing Plan for Employees of AllianceBernstein L.P.
Notes to Financial Statements
December 31, 2024 and 2023

8. Reconciliation of Financial Statements to Form 5500

A reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,713,633,902	\$ 1,519,914,082
Amounts allocated to withdrawing participants at December 31,	(564,592)	(1,229,099)
Net assets available for benefits per Form 5500	<u>\$ 1,713,069,310</u>	<u>\$ 1,518,684,983</u>

Notes receivable from participants are classified as investments per the Form 5500. The following is a reconciliation of total investments from the Plan's financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Total investments per the financial statements	\$ 1,688,693,681	\$ 1,495,358,542
Add: Notes receivable from participants	4,641,042	4,293,696
Total investments per Form 5500	<u>\$ 1,693,334,723</u>	<u>\$ 1,499,652,238</u>

Amounts allocated to withdrawing participants are recorded on the Form 5500 for distributions that had been processed and approved for payment prior to December 31, 2024 and 2023 but were not yet paid as of that date. A reconciliation of distributions to participants per the financial statements to distributions to participants per Form 5500 for the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>
Distributions to participants per the financial statements	\$ (127,076,309)
Less: Amounts allocated to withdrawing participants at December 31, 2024	(564,592)
Add: Amounts allocated to withdrawing participants at December 31, 2023	1,229,099
Distributions to participants per Form 5500	<u>\$ (126,411,802)</u>

	<u>2023</u>
Distributions to participants per the financial statements	\$ (81,469,816)
Less: Amounts allocated to withdrawing participants at December 31, 2023	(1,229,099)
Add: Amounts allocated to withdrawing participants at December 31, 2022	134,202
Distributions to participants per Form 5500	<u>\$ (82,564,713)</u>

9. Subsequent Events

Management has evaluated subsequent events for possible recognition or disclosure in the financial statements through October 14, 2025, the date the financial statements were available to be issued. Management has determined that there are no material events that would require disclosure in the financial statements through this date.

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN – 13-4064930 – Plan Number – 001 December 31, 2024

Identity of issuer, borrower, lessor or similar party	Cost	Market Value
Common Collective Trusts		
* AB U.S. Strategic Equities Collective Trust, Class A	**	\$ 486,120,963
* AB International Strategic Collective Trust, Class A	**	235,792,261
* AB Global Core Equity Collective Trust, Class A	**	180,207,467
* AB Global Fixed Income Collective Trust, Class A	**	76,259,420
* AB Global Core Equity Collective Trust, Class B	**	56,023,168
* AB Domestic Passive Collective Trust, Class D	**	47,962,621
* AB Volatility Management Collective Trust, Class B	**	47,268,581
* AB All Market Real Return Collective Trust, Class A	**	38,548,152
* AB Global Low Vol Collective Trust, Class P	**	31,602,443
* AB Global Real Estate Securities Collective Trust, Class A	**	27,272,646
* AB U.S. Short Duration Plus Collective Trust, Class A	**	25,321,465
* AB U.S. Small & Mid Cap Value Collective Trust, Class B	**	22,179,912
* AB U.S. Small & Mid Cap Growth Collective Trust, Class B	**	21,946,524
* AB U.S. High Yield Collective Trust, Class B	**	16,463,381
* AB U.S. Inflation-Linked Securities Collective Trust, Class A	**	12,134,545
* AB U.S. High Yield Collective Trust, Class D	**	10,710,304
* AB U.S. Inflation-Linked Securities Collective Trust, Class B	**	5,348,986
* AB U.S. Short Duration Plus Collective Trust, Class B	**	5,235,385
* AXA Equitable Life Insurance Company Pooled Separate Account		
* AB Balanced 50/50 Collective Trust	**	71,888,055
Prudential Retirement Insurance and Annuity Company Pooled Separate Account		
* AB Balanced 50/50 Collective Trust	**	57,933,449
Nationwide Life Insurance Company Pooled Separate Account		
* AB Balanced 50/50 Collective Trust	**	60,139,544
The Lincoln National Life Insurance Company Pooled Separate Account		
* AB Balanced 50/50 Collective Trust	**	48,695,867
Jackson National Life Insurance Company Separate Account		
* AB Balanced 50/50 Collective Trust	**	22,170,897
Total Common Collective Trusts		1,607,226,036
U.S. Government Securities		
Federal Home Loan Bank Bonds, due 2/3/25, Variable Rate	**	1,500,000
Federal Home Loan Bank Bonds, due 2/12/25, Variable Rate	**	1,500,000
Federal Home Loan Bank Bonds, due 2/21/25, Variable Rate	**	1,000,000
Federal Home Loan Bank Bonds, due 3/11/25, Variable Rate	**	1,000,000
Federal Home Loan Bank Bonds, due 4/10/25, Variable Rate	**	900,026
Federal Home Loan Bank Bonds, due 3/13/25, Variable Rate	**	545,083
Federal Home Loan Bank Bonds, due 5/19/25, Variable Rate	**	500,122
Federal Home Loan Bank Bonds, due 6/2/25, Variable Rate	**	500,000

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN – 13-4064930 – Plan Number – 001 December 31, 2024

Identity of issuer, borrower, lessor or similar party	Cost	Market Value
Federal Home Loan Bank Bonds, due 6/6/25, Variable Rate	**	500,000
Federal Home Loan Bank Bonds, due 6/9/25, Variable Rate	**	500,000
Federal Home Loan Bank Bonds, due 4/17/25, Variable Rate	**	500,000
Federal Home Loan Bank Bonds, due 7/14/25, Variable Rate	**	335,212
Federal Home Loan Bank Bonds, due 2/3/25, Variable Rate	**	290,024
Federal Home Loan Bank Bonds, due 7/10/25, Variable Rate	**	200,125
Federal Home Loan Bank Bonds, due 1/3/25, Variable Rate	**	195,001
Federal Home Loan Bank Bonds, due 1/17/25, Variable Rate	**	150,008
Federal Home Loan Bank Bonds, due 1/14/25, 4.900%	**	499,967
Federal Home Loan Bank Bonds, due 1/13/25, 1.100%	**	379,551
Federal Home Loan Discount Note, due 1/13/25, Zero Discount Rate	**	1,722,585
Federal Home Loan Discount Note, due 1/23/25, Zero Discount Rate	**	997,010
Federal Home Loan Discount Note, due 2/5/25, Zero Discount Rate	**	746,515
Federal Home Loan Discount Note, due 2/3/25, Zero Discount Rate	**	497,860
Federal Home Loan Discount Note, due 2/10/25, Zero Discount Rate	**	497,356
Federal Home Loan Discount Note, due 3/28/25, Zero Discount Rate	**	247,396
Federal Farm Credit Bank Bond, due 1/3/25, Variable Rate	**	499,999
Federal Farm Credit Bank Bond, due 3/24/25, Variable Rate	**	407,095
Federal Farm Credit Bank Bond, due 3/7/25, Variable Rate	**	331,089
Federal Farm Credit Bank Bond, due 3/11/25, Variable Rate	**	315,056
Federal Farm Credit Bank Bond, due 4/25/25, Variable Rate	**	299,963
Federal Farm Credit Bank Bond, due 10/23/26, Variable Rate	**	250,000
Federal Farm Credit Bank Bond, due 5/23/25, Variable Rate	**	249,970
Federal Farm Credit Bank Bond, due 2/4/25, Variable Rate	**	172,015
Federal Farm Credit Bank Bond, due 3/10/25, 5.000%	**	1,001,199
Federal Farm Credit Bank Unsecured, due 2/14/25, 1.750%	**	516,242
Federal Farm Credit Discount Note, due 4/2/25, Zero Discount Rate	**	246,840
U.S. Treasury Bill, due 1/21/25, Zero Discount Rate	**	1,994,930
U.S. Treasury Bill, due 1/28/25, Zero Discount Rate	**	1,993,515
U.S. Treasury Bill, due 3/11/25, Zero Discount Rate	**	1,983,095
U.S. Treasury Bill, due 3/6/25, Zero Discount Rate	**	1,736,316
U.S. Treasury Bill, due 1/16/25, Zero Discount Rate	**	1,496,975
U.S. Treasury Bill, due 1/23/25, Zero Discount Rate	**	1,495,480
U.S. Treasury Bill, due 1/30/25, Zero Discount Rate	**	1,494,593
U.S. Treasury Bill, due 5/15/25, Zero Discount Rate	**	1,475,936
U.S. Treasury Bill, due 2/20/25, Zero Discount Rate	**	993,891
U.S. Treasury Bill, due 5/8/25, Zero Discount Rate	**	984,972
U.S. Treasury Bill, due 5/22/25, Zero Discount Rate	**	983,119
U.S. Treasury Bill, due 6/12/25, Zero Discount Rate	**	981,100
U.S. Treasury Bill, due 3/13/25, Zero Discount Rate	**	743,299

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN – 13-4064930 – Plan Number – 001 December 31, 2024

Identity of issuer, borrower, lessor or similar party	Cost	Market Value
U.S. Treasury Floating Rate Note, due 1/31/25, Variable Rate	**	2,900,018
U.S. Treasury Floating Rate Note, due 4/30/25, Variable Rate	**	999,858
U.S. Treasury Floating Rate Note, due 7/31/25, Variable Rate	**	499,887
U.S. Treasury Floating Rate Note, due 10/31/25, Variable Rate	**	499,873
U.S. Treasury Floating Rate Note, due 7/31/26, Variable Rate	**	499,408
Fannie Mae Notes, due 1/7/25, 1.625%	**	999,493
Freddie Mac Notes, due 9/23/26, Variable Rate	**	250,000
Freddie Mac Notes, due 10/29/26, Variable Rate	**	250,000
Other	**	165,722
Total U.S. Government Securities		45,414,789
Mutual funds	**	36,052,856
Notes receivable from participants (367 loans with interest rates ranging from 4.25% to 9.50% and maturity dates ranging from 9/14/2024 - 10/6/2039)	**	4,641,042
Total investments		\$ 1,693,334,723

* Party in interest as defined by ERISA.

** Cost not required because Plan is participant directed.

Profit Sharing Plan for Employees of AllianceBernstein L.P.

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

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* AXA Equitable Life Insurance Company Pooled Separate Account		
* AB Balanced 50/50 Collective Trust	**	71,888,055
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* AB Balanced 50/50 Collective Trust	**	57,933,449
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* AB Balanced 50/50 Collective Trust	**	60,139,544
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN – 13-4064930 – Plan Number – 001 December 31, 2024

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Profit Sharing Plan for Employees of AllianceBernstein L.P.

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