

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): ALLIANCEBERNSTEIN L.P.
2b Employer Identification Number (EIN): 85-2758350
2c Plan Sponsor's telephone number: 914-993-2300
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, Signature of plan administrator, Date, CHRIS NOONE. 2. Signature of employer/plan sponsor, Date, CHRIS NOONE. 3. Filed with authorized/valid electronic signature, Signature of DFE, Date, CHRIS NOONE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ALLIANCEBERNSTEIN L.P.  501 COMMERCE STREET NASHVILLE, TN 37203	<b>3b</b> Administrator's EIN 13-4064930  <b>3c</b> Administrator's telephone number 212-486-5800																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
<b>6a(1)</b>																					
<b>6a(2)</b>																					
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<b>6e</b>																					
<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.	<b>D</b> Employer Identification Number (EIN) 85-2758350	

**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. 1 NORTH LEXINGTON AVE.  
WHITE PLAINS, NY 10601

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

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

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

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

INT'L FUND SERVICE NA

ONE LINCOLN STREET  
BOSTON, MA 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	69680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNST & YOUNG US LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	58956	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	40772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILMINGTON TRUST COMPANY

1100 NORTH MARKET STREET  
WILMINGTON, DE 19890

(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?
21 50	NONE	6500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLIANCEBERNSTEIN L.P.</u>	<b>D</b> Employer Identification Number (EIN) <u>85-2758350</u>	

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name LABORERS ANNUITY PLAN FOR NORTHERN CALIFORNIA	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES LABORERS PENSION TRUST FUND FOR NOR CAL-ANNUITY	<b>c</b> EIN-PN 94-6277608-002
<b>a</b>	Plan name LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES LABORERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	<b>c</b> EIN-PN 94-6277608-001
<b>a</b>	Plan name AIRCONDITIONING AND REFRIGERATION INDUSTRY RETIREMENT TRUST FUND	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES, AIRCONDITIONING AND REFRIGERATION	<b>c</b> EIN-PN 95-6035386-001
<b>a</b>	Plan name CEFCU RETIREMENT INCOME PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CITIZENS EQUITY FIRST CREDIT UNION	<b>c</b> EIN-PN 37-6028123-001
<b>a</b>	Plan name SHEET METAL WORKERS' LOCAL 100 WASHINGTON, D.C. AREA PENSION FUND	
<b>b</b>	Name of plan sponsor BD TTEES SHEET METAL WORKERS' LOCAL 100 WASHINGTON	<b>c</b> EIN-PN 52-6038495-001
<b>a</b>	Plan name SDSU FOUNDATION HEALTH VEBA PLAN FOR POST RETIREMENT HEALTH CARE BENEFITS	
<b>b</b>	Name of plan sponsor SAN DIEGO STATE UNIVERSITY FOUNDATION	<b>c</b> EIN-PN 95-6042721-504
<b>a</b>	Plan name HORMEL FOODS CORP. MASTER DEFINED BENEFIT TRUST	
<b>b</b>	Name of plan sponsor HORMEL FOODS CORPORATION	<b>c</b> EIN-PN 27-1536054-001
<b>a</b>	Plan name CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION	<b>c</b> EIN-PN 94-1301733-001
<b>a</b>	Plan name PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO. 35 PENSION FUND	
<b>b</b>	Name of plan sponsor BD OF TRUSTEES PDC PENSION FUND	<b>c</b> EIN-PN 04-6043807-001
<b>a</b>	Plan name PAINTERS AND ALLIED TRADES DISTRICT COUNCIL NO.35 ANNUITY FUND	
<b>b</b>	Name of plan sponsor PAINTERS ANNUITY COUNCIL NO. 35 ANNUITY FUND	<b>c</b> EIN-PN 22-2489316-001
<b>a</b>	Plan name PAINTERS AND ALLIED TRADES DC 35 HEALTH BENEFITS FUND	
<b>b</b>	Name of plan sponsor PAINTERS DISTRICT COUNCIL NO. 35 HEALTH BENEFITS FUND	<b>c</b> EIN-PN 04-2150983-501
<b>a</b>	Plan name MONUMENT HEALTH, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor MONUMENT HEALTH, INC.	<b>c</b> EIN-PN 20-1487506-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALLIANCEBERNSTEIN L.P.</b>	<b>D</b> Employer Identification Number (EIN) <b>85-2758350</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	409803	246493
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1141871	40670
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	445197266	58902111
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	446748940	59189274
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	141199	87193
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	141199	87193
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	446607741	59102081

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	12827	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12827
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	1671350	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1671350
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	459639563	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	449677203	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		9962360
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	650049	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
<b>c</b> Other income .....	2c	113018
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	12409604

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	21183
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	29100
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	40772
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	8850
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	6500
(11) Other expenses .....	2i(11)	107558
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	213963
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	213963

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	12195641
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	501755
(2) From this plan .....	2l(2)	400203056

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

AllianceBernstein Delaware Business Trust

# **AB GLOBAL CORE EQUITY SERIES**

**December 31, 2024**

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### TABLE OF CONTENTS

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	<b>Page</b>
REPORT OF INDEPENDENT AUDITORS	1-2
FINANCIAL STATEMENTS:	
Statement of Assets and Liabilities	3
Condensed Schedule of Investments	4-5
Statement of Operations	6
Statement of Changes in Net Assets	7
Notes to Financial Statements	8-19



## **Report of Independent Auditors**

To Management of AB Global Core Equity Series

### ***Opinion***

We have audited the accompanying financial statements of AB Global Core Equity Series (the "Series"), which comprise the statement of assets and liabilities, including the condensed schedule of investments, as of December 31, 2024 and the related statements of operations and of changes in net assets, including the related notes for the year then ended (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Series as of December 31, 2024, and the results of its operations and changes in its net assets for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Series and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

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



In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Series' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Series' ability to continue as a going concern for a reasonable period of time.

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

*PricewaterhouseCoopers LLP*

New York, New York

March 7, 2025

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### STATEMENT OF ASSETS AND LIABILITIES

#### DECEMBER 31, 2024

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#### ASSETS:

Investments in securities, at fair value (cost \$49,899,907)	\$ 58,902,111
Cash	18,636
Foreign currencies, at fair value (cost \$22,100)	22,034
Receivables:	
Dividends (net of foreign withholding tax payable of \$6,002)	62,009
Investment securities sold	159,593
From Investment Manager	24,891
	<hr/>
Total assets	59,189,274
	<hr/>

#### LIABILITIES:

Unrealized loss on forward foreign currency contracts	66
Payables:	
Professional fees	58,143
Administration and custody fees	14,517
Investment securities purchased	4,205
Accrued expenses	10,262
	<hr/>
Total liabilities	87,193
	<hr/>

NET ASSETS: \$ 59,102,081

Net asset value per unit are disclosed in Note 7.

*See accompanying notes to financial statements.*

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### CONDENSED SCHEDULE OF INVESTMENTS

#### DECEMBER 31, 2024

#### INVESTMENTS IN SECURITIES - EQUITY POSITIONS BY INDUSTRY AND COUNTRY

Country	Industry	% of Net Assets	Fair Value
<b>COMMON STOCK</b>			
<b>Brazil</b>			
	Financial	1.21%	\$ 716,972
<i>Total Brazil (Cost \$875,095)</i>		1.21	716,972
<b>Canada</b>			
	Energy	1.27	748,767
<i>Total Canada (Cost \$735,989)</i>		1.27	748,767
<b>China</b>			
	Communications	1.22	721,987
	Consumer, Cyclical	2.87	1,694,958
<i>Total China (Cost \$1,968,917)</i>		4.09	2,416,945
<b>Denmark</b>			
	Consumer, Non-cyclical	2.12	1,253,969
	Industrial	2.52	1,487,543
<i>Total Denmark (Cost \$2,719,125)</i>		4.64	2,741,512
<b>France</b>			
	Consumer, Cyclical	0.79	464,377
	Consumer, Non-cyclical	0.93	549,296
	Financial	1.00	592,942
<i>Total France (Cost \$1,688,355)</i>		2.72	1,606,615
<b>Germany</b>			
	Communications	0.69	409,372
	Financial	0.70	410,921
	Industrial	1.28	754,325
<i>Total Germany (Cost \$1,488,461)</i>		2.67	1,574,618
<b>Hong Kong</b>			
	Financial	1.26	745,191
<i>Total Hong Kong (Cost \$750,022)</i>		1.26	745,191
<b>Ireland</b>			
	Consumer, Non-cyclical	1.13	665,321
	Industrial	2.05	1,210,773
	Technology	2.13	1,260,815
<i>Total Ireland (Cost \$2,661,794)</i>		5.31	3,136,909
<b>Japan</b>			
	Consumer, Non-cyclical	2.73	1,615,724
<i>Total Japan (Cost \$1,817,149)</i>		2.73	1,615,724
<b>Netherlands</b>			
	Financial	0.59	351,019
<i>Total Netherlands (Cost \$222,118)</i>		0.59	351,019
<b>South Korea</b>			
	Technology	1.74	1,028,300
<i>Total South Korea (Cost \$1,503,435)</i>		1.74	1,028,300
<b>Switzerland</b>			
	Financial	2.85	1,681,623
<i>Total Switzerland (Cost \$1,475,013)</i>		2.85	1,681,623

See accompanying notes to financial statements.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### CONDENSED SCHEDULE OF INVESTMENTS (continued)

#### DECEMBER 31, 2024

INVESTMENTS IN SECURITIES - EQUITY POSITIONS BY INDUSTRY AND COUNTRY (continued)			
Country	Industry	% of Net Assets	Fair Value
<b>COMMON STOCK (continued)</b>			
<b>Taiwan</b>			
	Technology	2.64%	\$ 1,560,799
<i>Total Taiwan (Cost \$1,286,798)</i>		2.64	1,560,799
<b>United Kingdom</b>			
	Communications	1.43	845,490
	Consumer, Non-cyclical	2.48	1,462,623
	Energy	1.59	939,179
	Financial	2.47	1,462,753
<i>Total United Kingdom (Cost \$4,238,524)</i>		7.97	4,710,045
<b>United States</b>			
	Basic Materials	0.84	499,055
	Communications	6.94	4,100,681
	Consumer, Cyclical	2.41	1,424,157
	Consumer, Non-cyclical	11.91	7,046,017
	Energy	2.04	1,206,406
	Financial	8.82	5,211,789
	Industrial	6.47	3,823,948
	Technology		
	Microsoft Corp (9,950 shares)	7.10	4,193,925
	Other	11.44	6,761,094
<i>Total United States (Cost \$26,469,112)</i>		57.97	34,267,072
<b>Total Common Stock (Cost \$49,899,907)</b>		<b>99.66%</b>	<b>\$ 58,902,111</b>
<b>Total Investment in Equity Securities (Cost \$49,899,907)</b>		<b>99.66%</b>	<b>\$ 58,902,111</b>

#### FORWARD FOREIGN CURRENCY CONTRACTS

Type	% of Net Assets	Unrealized Gain (Loss)
Various Depreciated Contracts	(0.00)%	\$ (66)
<b>Total Forward Foreign Currency Contracts</b>	<b>(0.00)%</b>	<b>\$ (66)</b>

*No investment in any single issuer exceeded 5% of net assets as of December 31, 2024, other than as disclosed above.*

*Percentages are based upon the fair value, or, where applicable, the unrealized gain (loss) as a percent of net assets as of December 31, 2024.*

*See accompanying notes to financial statements.*

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### STATEMENT OF OPERATIONS

#### YEAR ENDED DECEMBER 31, 2024

#### INVESTMENT INCOME:

##### Income:

Dividends (net of foreign withholding taxes of \$214,244)	\$ 1,671,350
Interest	12,827
Other income	7
Total income	<u>1,684,184</u>

##### Expenses:

Administration and custody fees	110,453
Professional fees	96,906
Custodial trustee fees	6,500
Miscellaneous	104
Gross expenses	<u>213,963</u>
Less: Expense Reimbursement (Note 4)	<u>(109,226)</u>
Total expenses	<u>104,737</u>

Net investment income	<u>1,579,447</u>
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#### NET REALIZED AND CHANGE IN UNREALIZED GAIN (LOSS) ON INVESTMENTS, FOREIGN CURRENCIES AND FORWARD FOREIGN CURRENCY CONTRACTS:

##### Net realized gain (loss) on:

Investments	10,000,037
Foreign currencies	7,215
Forward foreign currency contracts	<u>(609)</u>
Net realized gain on investments, foreign currencies and forward foreign currency contracts	<u>10,006,643</u>

##### Net change in unrealized gain (loss) on:

Investments	612,372
Foreign currencies	(2,755)
Forward foreign currency contracts	<u>(66)</u>
Net change in unrealized gain on investments, foreign currencies and forward foreign currency contracts	<u>609,551</u>

Net realized and change in unrealized gain on investments, foreign currencies and forward foreign currency contracts	<u>10,616,194</u>
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NET INCREASE IN NET ASSETS RESULTING FROM OPERATIONS	<u>\$ 12,195,641</u>
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*See accompanying notes to financial statements.*

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### STATEMENT OF CHANGES IN NET ASSETS

#### YEAR ENDED DECEMBER 31, 2024

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#### INCREASE (DECREASE) IN NET ASSETS:

##### Operations:

Net investment income	\$ 1,579,447
Net realized gain on investments, foreign currencies and forward foreign currency contracts	10,006,643
Net change in unrealized gain on investments, foreign currencies and forward foreign currency contracts	<u>609,551</u>
Net increase in net assets resulting from operations	<u>12,195,641</u>

##### Unitholder transactions:

Contributions	
Class R	500,000
Class U	1,755
Withdrawals	
Class R	(93,052)
Class U	<u>(400,110,004)</u>
Net decrease in net assets resulting from unitholder transactions	<u>(399,701,301)</u>

NET DECREASE IN NET ASSETS (387,505,660)

#### NET ASSETS:

Beginning of year	<u>446,607,741</u>
End of year	<u>\$ 59,102,081</u>

*See accompanying notes to financial statements.*

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS

#### YEAR ENDED DECEMBER 31, 2024

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#### 1. ORGANIZATION

The AB Global Core Equity Series (the “Series”) of the AllianceBernstein Delaware Business Trust (the “Trust”) was created pursuant to an Agreement and Declaration of Trust dated February 19, 2009. The Series is managed by AllianceBernstein L.P., a registered investment adviser under the Investment Advisers Act of 1940, (the “Investment Manager”). The investment objective of the Series is to achieve the long-term growth of capital by investing in a portfolio of equity securities of issuers from markets around the world. In compliance with Delaware law, Wilmington Trust Company has been appointed as the custodial trustee of the Trust (the “Custodial Trustee”). State Street Bank and Trust Company has been appointed as the administrator and custodian (the “Administrator” or the “Custodian”).

The Series is a management investment company that follows the accounting and reporting guidance under Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 946, “Financial Services - Investment Companies.”

#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Preparation** — These financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) and are expressed in United States (U.S.) Dollars (\$).

**Valuation Date** — A “Valuation Date” means (i) the second to last Business Day of each week; or (ii) the last Business Day of each calendar month. A “Business Day” means any day or part of a day on which the New York Stock Exchange is open for business.

**Valuation of Each Unit** — The “Net Asset Value per Unit” of the Series is determined by dividing the Net Assets attributable to a share class by the number of units outstanding for that share class on the Valuation Date.

**Valuation of Securities** — Securities listed or traded on any generally recognized securities exchange are valued at the closing price on the Valuation Date. If no sale has been reported for that day or if the exchange was not open on that day, the last published sales price or the last recorded bid price, whichever is more recent, is used, unless in the opinion of the Custodial Trustee the value thus obtained does not fairly indicate the actual fair value, in which case the Custodial Trustee may rely on the value obtained from a reputable broker or investment banker as of the Valuation Date. Securities traded only in the over-the-counter market (“OTC”) are valued at the closing representative bid price, therefore as reported by NASDAQ reporting system for securities covered by that system and for other OTC securities at the last current bid price, therefore determined in accordance with quotations obtained from a reputable broker or investment banker as of the Valuation Date.

Forward foreign currency contracts are valued at each Valuation Date at the difference between the forward foreign exchange rates at the dates of entry into the contracts and the forward rates at the Valuation Date. Gains and losses are included in the statement of assets and liabilities and the statement of operations.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

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## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

### Valuation of Securities (continued)

Other securities or assets are valued on the basis of data obtained from the best available sources, including brokers or dealers who deal in or are familiar with the type of investment involved or qualified appraisers including the Investment Manager, or by reference to the market value of similar investments for which a market value is readily ascertainable. Investments, if any, in underlying funds are valued at closing net asset value per share. Any short-term investments are shown at amortized cost, which approximates fair value.

**Cash and Cash Equivalents** — The Series considers all highly liquid investments, with original maturities of less than ninety days, as cash equivalents. There are no cash equivalents at December 31, 2024. The cash balance exceeds federally insured limits.

**Foreign Currency Translation** — Investment securities, assets and liabilities or other amounts denominated in or expected to settle in foreign currencies are translated into U.S. dollars at the Valuation Date. Purchases and sales of investment securities and income and expense items denominated in foreign currencies are translated into U.S. dollar amounts on the respective dates of such transactions.

The Series does not isolate the portion of the results of operations resulting from changes in foreign exchange rates on investments from the fluctuations arising from changes in market prices of investments held. Such fluctuations are included with the net realized and net unrealized gain or loss on investments in the statement of operations.

Reported net realized foreign currency gains or losses arise from sales and maturities of short-term securities, sales of foreign currencies, currency gains or losses realized between the trade date and settlement date on securities transactions, the amounts of dividend, interest, and foreign withholding taxes recorded on the Series' books, and the U.S. dollar equivalent amounts actually received or paid. Net unrealized foreign currency gains and losses arise from changes in the value of assets and liabilities, other than investments, at year end resulting from changes in the exchange rates.

**Use of Estimates** — The Series' financial statements have been prepared in accordance with U.S. GAAP. The preparation of financial statements requires the Series' management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities, if any, at the date of the financial statements and the reported amounts of revenues and expenses recorded during the reporting period. Actual results could differ from those estimates and such differences could be material.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

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#### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

**Income Recognition** — Securities transactions are recorded on the trade date basis. Dividend income is recognized on the ex-dividend date and interest income and expense, including amortization of premium and accretion of discount, is accrued as earned. Securities gains and losses are calculated on the identified cost basis.

**Contributions and Withdrawals** — Contributions and withdrawals are effective on the first Business Day following a Valuation Date or such other time as may be determined by the Investment Manager and the Custodial Trustee in their sole discretion. Withdrawals are effective upon 10 days prior to written notice which can be reduced or waived by the Investment Manager at its sole discretion. Contributions and withdrawals are valued at the net asset value on the Valuation Date.

**Commission Expense** — Commissions paid for security purchases and sales are reflected in the cost basis of securities purchased or as a reduction of proceeds to determine realized gain (loss) on investments.

**Offering Costs** — Offering costs incurred for the Series have been recorded as an operating expense. Such costs include, but are not limited to, registration costs and costs associated with the offering to investors.

**Indemnifications and Warranties** — In the ordinary course of its business, the Series has entered into contracts or agreements that contain indemnifications or warranties. Future events could occur that lead to the execution of those provisions against the Series. The maximum exposure to the Series under these provisions is unknown as this would involve future claims that have not yet occurred. However, the Series expects the risk of loss to be remote.

**Income Taxes** — In accordance with U.S. GAAP requirements regarding accounting for uncertainties in income taxes, management has analyzed the Series' tax positions taken for all open tax years and has concluded that at December 31, 2024, no provision for income tax is required in the Series' financial statements.

The Series is treated as a partnership for federal income tax purposes and, therefore, no provision for income taxes has been recorded in these financial statements. Each unitholder is individually responsible for reporting income or loss, to the extent required by the federal and state income tax laws and regulations, based upon its respective share of the Series' income and expense as reported for income tax purposes.

The Series may be subject to taxes imposed by countries in which it invests. Such taxes are generally based on income and/or capital gains earned or repatriated. Taxes are accrued and applied to net investment income, net realized gains and net unrealized gain (loss) as such income and/or gains are earned.

The Series remains subject to examination by U.S. federal and state jurisdictions, as well as international jurisdictions and upon completion of these examinations (if undertaken by the taxing jurisdiction) tax adjustments may be necessary and retroactive to all open tax years.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

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### 3. FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, fair value is defined as the price that the Series would receive to sell an asset or pay to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 also establishes a framework for measuring fair value, and a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability.

Observable inputs reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Series. Unobservable inputs reflect the Series' own assumptions about the assumptions that market participants would use in pricing the asset or liability, as of the reporting date, developed based on the best information available in the circumstances. Each investment is assigned a level based upon the observability of the inputs which are significant to the overall valuation.

The three-tier hierarchy of inputs is summarized below:

- Level 1 - Quoted prices in active markets for identical investments.
- Level 2 - Other significant observable inputs (including quoted prices for similar investments in active markets, interest rates, prepayment speeds, and credit risk).
- Level 3 - Significant unobservable inputs (including the Series' own assumptions used in determining the fair value of the investments at the reporting date).

Where readily available market prices or relevant bid prices are not available for certain equity investments, such investments may be valued based on similar publicly traded investments, movements in relevant indices since last available prices or based upon underlying company fundamentals and comparable company data (such as multiples to earnings or multiples to equity). Where an investment is valued using an observable input such as another publicly traded security or index, the investment will be classified as Level 2. If management determines that an adjustment is appropriate based on restrictions, illiquidity or uncertainty, and such adjustment is a significant component of the valuation, the investment will be classified as Level 3. An investment will also be classified as Level 3 where management uses company fundamentals and other significant unobservable inputs to determine the valuation.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

### 3. FAIR VALUE MEASUREMENTS (continued)

The fair value of OTC derivatives is generally based on market price quotations, recently executed market transactions (where observable) or industry recognized modeling techniques and are generally classified as Level 2. Pricing vendor inputs to Level 2 valuations may include quoted prices for similar investments in active markets, interest rates, currency rates, coupon rates, yield curves, option adjusted spreads, default rates, credit spreads and other unique security features in order to estimate the relevant cash flows which is then discounted to calculate fair values. If these inputs are unobservable and significant to the fair value at the reporting date, these investments will be classified as Level 3.

The following table summarizes the valuation of the Series' investments following the fair value hierarchy levels as of December 31, 2024:

<u>Investments in securities</u> *	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Securities:				
Common Stock	\$ 58,902,111	\$ -	\$ -	\$ 58,902,111
Total	<u>\$ 58,902,111</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 58,902,111</u>
<u>Other financial instruments</u> **	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Liabilities:				
Forward foreign currency contracts	\$ -	\$ (66)	\$ -	\$ (66)
Total	<u>\$ -</u>	<u>\$ (66)</u>	<u>\$ -</u>	<u>\$ (66)</u>

\* For detailed country descriptions, refer to the accompanying condensed schedule of investments.

\*\* Forward foreign currency contracts included in 'Other financial instruments' are valued at the unrealized gain (loss) on the instruments.

There have been no transfers in or out of Level 3 fair value measurements for the Series for the year ended December 31, 2024.

### 4. RELATED PARTY TRANSACTIONS

In consideration for its investment advisory services, the Investment Manager receives a management fee directly from each unitholder. The amount of such fees, calculation and manner of payment are set forth under separate agreements between the unitholder and the Investment Manager and are not reflected as an expense of the Series in the accompanying financial statements. To the extent necessary to pay the Investment Manager any unpaid compensation, upon written direction from the Investment Manager, the Administrator can redeem a unitholder's units in an amount sufficient to pay such fees.

The Investment Manager also bears the administrative expenses of the Series and provides office space and utilities, news, quotation, computer equipment and services, administrative services, secretarial, clerical and other personnel. Certain expenses in relation to the sale of units of the Series are borne by the Investment Manager.

# **ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST**

## **AB Global Core Equity Series**

### **NOTES TO FINANCIAL STATEMENTS (continued)**

#### **YEAR ENDED DECEMBER 31, 2024**

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#### **4. RELATED PARTY TRANSACTIONS (continued)**

The Investment Manager has agreed to reimburse the Series to the extent necessary to keep the Series' total annual operating expenses at 0.10% of the average monthly net assets. For this purpose, annual operating expenses exclude the management fee, organizational expenses, interest, taxes, brokerage and other transaction costs and extraordinary expenses. The expense reimbursement is subject to change at the sole discretion of the Investment Manager.

For the year ended December 31, 2024, there was \$109,226 expense reimbursement made under the provision.

#### **5. ADMINISTRATION AND CUSTODY FEES**

The Series pays for the administration and custody services rendered by the Administrator. For the year ended December 31, 2024, the Series recorded administration and custody fees of \$110,453 as included in the statement of operations of which \$14,517 is payable at December 31, 2024 and included in the statement of assets and liabilities.

#### **6. FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK**

The Series uses derivatives for hedging purposes to earn income and enhance returns, to replace more traditional direct investments, or to obtain exposure to otherwise inaccessible markets. In the normal course of its business, the Series enters into financial transactions where the risk of potential loss exceeds the related amounts recorded. The Series may use derivatives for non-hedging purposes as a means of making direct investment in foreign currencies, as described below under "Currency Transactions".

The Series enters into derivatives which may represent off-balance sheet risk. Off-balance sheet risk exists when the maximum potential loss on a particular investment is greater than the value of such investment as reflected in the statement of assets and liabilities.

Certain derivative agreements allow counterparties of OTC derivatives to require collateral or terminate derivative contracts prior to maturity in the event the Series' net assets decline by a stated percentage or the Series fails to meet other credit-risk contingent terms in the agreement, which would cause an accelerated payment of any net liability owed to the counterparty.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

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#### 6. FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK (continued)

The principal types of derivatives utilized by the Series are:

##### *Forward Foreign Currency Contracts*

During the year ended December 31, 2024, the Series entered into forward foreign currency contracts for hedging purposes. A forward foreign currency contract is a commitment to purchase or sell a foreign currency at a future date at a negotiated forward rate.

Fluctuations in the value of open forward foreign currency contracts are recorded as unrealized gain or loss on forward foreign currency contracts in the statement of assets and liabilities and as net unrealized gain or loss on forward foreign currency contracts in the statement of operations. The gain or loss arising from the difference between the original contract and the closing of such contract is included in net realized gain or loss on forward foreign currency contracts in the statement of operations.

Risks arise from the potential inability of the counterparty to meet the terms of a contract and from unanticipated movements in the value of a foreign currency relative to the U.S. dollar. The face or contract amount, in U.S. dollars, reflects the total exposure the Series has in that particular currency contract.

During the month of December 2024, the Series had an average notional short exposure of \$82,499 related to forward foreign currency contracts.

##### *Currency Transactions*

The Series invests in non-U.S. dollar denominated securities on a currency hedged or unhedged basis. The Series seeks investment opportunities by taking long or short position in currencies through the use of currency-related derivatives, including forward foreign currency contracts. The Series enters into transactions for investment opportunities when it anticipates that a foreign currency will appreciate or in value but securities denominated in that currency are not held by the Series and do not present attractive investment opportunities. Such transactions are also used when the Investment Manager believes that it may be more efficient than a direct investment in a foreign currency-denominated security. The Series also conducts currency exchange transactions on a spot basis (i.e., for cash at the spot rate prevailing in the currency exchange market for buying or selling currencies).

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

#### 6. FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK (continued)

At December 31, 2024, the Series had the following derivatives (not designated as hedging instruments under ASC 815), grouped by derivative type:

Derivatives Not Accounted for as Hedging Instruments under ASC 815	Asset Derivatives		Liability Derivatives	
	Statement of Assets and Liabilities		Statement of Assets and Liabilities	
	Location	Fair Value	Location	Fair Value
Forward foreign currency contracts	Unrealized gain on forward foreign currency contracts	\$ -	Unrealized loss on forward foreign currency contracts	\$ (66)

The effect of the derivative instruments in the statement of operations for the year ended December 31, 2024:

Derivatives Not Accounted for as Hedging Instruments under ASC 815	Location of Gain (Loss) on Derivatives	Net	Net
		Realized Gain (Loss) on Derivatives	Change in Unrealized Gain (Loss) on Derivatives
Forward foreign currency contracts	Net realized loss on forward foreign currency contracts; net change in unrealized loss on forward foreign currency contracts	\$ (609)	\$ (66)
Total		<u>\$ (609)</u>	<u>\$ (66)</u>

The Series typically enters into International Swaps and Derivatives Association, Inc. Master Agreements (“ISDA Master Agreement”) or similar master agreements (collectively, “Master Agreements”) with its OTC derivative contract counterparties in order to, among other things, reduce its credit risk to counterparties. ISDA Master Agreements include provisions for general obligations, representations, collateral and events of default or termination. Under an ISDA Master Agreement, the Series typically may offset with the counterparty certain derivative financial instrument’s payables and/or receivables with collateral held and/or posted and create one single net payment (close-out netting) in the event of default or termination.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

#### 6. FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK (continued)

Various Master Agreements govern the terms of certain transactions with counterparties, including transactions such as exchange-traded derivative transactions, repurchase and reverse repurchase agreements and certain securities lending transactions. These Master Agreements typically attempt to reduce the counterparty risk associated with such transactions by specifying credit protection mechanisms and providing standardization that improves legal certainty. Cross-termination provisions under Master Agreements typically provide that a default in connection with one transaction between the Series and a counterparty gives the non-defaulting party the right to terminate any other transactions in place with the defaulting party to create one single net payment due to/due from the defaulting party. In the event of a default by a Master Agreements counterparty, the return of collateral with market value in excess of the Series' net liability, held by the defaulting party, may be delayed or denied.

The Series' Master Agreements may contain provisions for early termination of derivative transactions in the event the net assets of the Series decline below specific levels ("net asset contingent features"). If these levels are triggered, the Series' counterparty has the right to terminate such transaction and require the Series to pay or receive a settlement amount in connection with the terminated transaction.

For financial reporting purposes, the Series does not offset derivative assets and derivative liabilities that are subject to netting arrangements in the statement of assets and liabilities.

The following table presents the Series' derivative assets and liabilities by counterparty net of amounts available for offset under Master Agreements ("MA") and net of the related collateral received/pledged by the Series as of December 31, 2024:

Counterparty	Investment Type	Derivative	Derivatives	Net	Collateral	Net Amount of
		Liabilities Subject to a MA	Available for Offset	Amount of Liabilities		Derivatives Liabilities
State Street Bank and Trust Company	Forward foreign currency contracts	\$ (66)	\$ -	\$ (66)	\$ -	\$ (66)
		\$ (66)	\$ -	\$ (66)	\$ -	\$ (66)

#### 7. UNITS ISSUED AND OUTSTANDING

The beneficial interest in the Series is divided into Units, all without par value. The Series has been divided into Class U units and Class R Units. Class U Units and Class R Units are identical except that Class U Units are issued to beneficial owners who are permitted by the Financial Industry Regulatory Authority ("FINRA") Rules to fully participate in the Series' profits and losses from "new issues", while Class R Units are issued to beneficial owners who are restricted in their participation in the Series' profits and losses derived from "new issues". Each Unit of each class is identical in all respects with every other Unit of such class and represents an undivided beneficial interest in the net assets held on behalf of the Series. Unit transactions for each class of units for the year ended December 31, 2024 were as follows:

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

#### 7. UNITS ISSUED AND OUTSTANDING (continued)

	Units Outstanding at Beginning of year	Units Issued	Units Withdrawn	Units Outstanding at End of year	NAV per Unit	NAV
Class R	341,948	15,204	2,645	354,507	\$ 36.43	\$ 12,913,404
Class U	13,278,798	52	12,010,424	1,268,426	\$ 36.41	\$ 46,188,677
	13,620,746	15,256	12,013,069	1,622,933		\$ 59,102,081

At any point during the period, the Series may have a concentration of unitholders, which may be related parties, holding a significant percentage of units outstanding. Investment activities of these unitholders could have an impact on the Series. At December 31, 2024, there was no unitholder owning greater than 20% of the Series' net assets.

#### 8. IN-KIND TRANSACTIONS

Certain unitholders in the Series received securities rather than cash for their contributions and withdrawal amounts in accordance with the provisions of the Series. The unitholders contributed securities with a value equal to the value numbers of units they contributed based upon the current net asset value at the contribution date. The unitholders received securities with a value equal to the value of the number of units they owned based upon the current net asset value at the withdrawal date.

In-kind withdrawals of approximately \$347,105,532 were included in withdrawals in the statement of changes in net assets. Net gain of approximately \$5,923,063 on the securities that were distributed to participants were recorded within net realized gain (loss) on investments in the statement of operations.

#### 9. ADDITIONAL RISKS

The value of the Series' assets and liabilities will fluctuate as the stock market fluctuates. The value of its investments may decline, sometimes rapidly and unpredictably, simply because of economic 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.

The Series has agreements with brokerage firms and the Custodian to carry its customer accounts. The brokers and the Custodian have custody of the Series' securities and, from time to time, cash balances which may be due to or due from these brokers and the Custodian. These securities and/or cash positions serve as collateral for any amounts due to brokers or the Custodian. The Series is subject to credit risk if the brokers and/or the Custodian are unable to repay balances due or deliver securities in their custody.

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

### NOTES TO FINANCIAL STATEMENTS (continued)

#### YEAR ENDED DECEMBER 31, 2024

#### 9. ADDITIONAL RISKS (continued)

Investments in foreign securities entail significant risks in addition to those customarily associated with investing in U.S. securities. These risks are heightened with respect to investments in emerging-market countries where there is an even greater amount of economic, political and social instability. Economic, political and social instability could disrupt financial markets in which the Series invests and adversely affect the value of the Series' assets. In addition, national policies may restrict investment opportunities. In foreign markets, there may be a lower degree of market volume and liquidity than in U.S. markets, and this may result in greater price volatility. The securities markets in many emerging-market countries are substantially smaller, less developed, less liquid and more volatile than the securities markets of developed countries. Furthermore, since the composition of the Series will differ from that of market indexes, its performance generally will not mirror the returns provided by a specific market index.

#### 10. FINANCIAL HIGHLIGHTS

The financial highlights are intended to facilitate the understanding of the Series' financial performance during the year ended December 31, 2024. Per unit operating performance, total return and selected ratios for the year ended December 31, 2024, are provided in the table below. Total return is calculated as the change in net asset value per unit for the year ended December 31, 2024, and does not reflect the deduction of any management fees which would reduce the total return earned by unitholders. An individual unitholder's performance may vary based on the timing of capital transactions. The per unit operating performance and ratios are computed based upon the average units outstanding and average net assets, respectively, for the year ended December 31, 2024.

	<u>Class R</u>	<u>Class U</u>
Per unit operating performance:		
Net asset value per unit — December 31, 2023	\$ 32.80	\$ 32.79
Income from investment operations:		
Net investment income	0.59	0.45
Net realized and change in unrealized gain on investments, foreign currencies and forward foreign currency contracts	3.04	3.17
Total from investment operations	<u>3.63</u>	<u>3.62</u>
Net asset value per unit — December 31, 2024	<u>\$ 36.43</u>	<u>\$ 36.41</u>
Total return	11.07%	11.04%
Ratios to average net assets:		
Expenses		
Operating expenses <sup>^</sup>	0.09%	0.09%
Net investment income <sup>^</sup>	1.68%	1.32%

<sup>^</sup> Includes the effect of expenses reimbursed of 0.10% and 0.10%, respectively

# ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST

## AB Global Core Equity Series

NOTES TO FINANCIAL STATEMENTS (continued)  
YEAR ENDED DECEMBER 31, 2024

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### 11. SUBSEQUENT EVENTS

Management has evaluated the possibility of subsequent events existing in the Series' financial statements up to March 7, 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 Series' financial statements through this date.

\* \* \* \* \*

# **ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST**

## **AB Global Core Equity Series**

### **SERIES INFORMATION**

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#### **ADMINISTRATOR AND CUSTODIAN**

State Street Bank and Trust Company  
1 Lincoln Street  
Boston, Massachusetts 02111  
United States of America

#### **INDEPENDENT AUDITORS**

PricewaterhouseCoopers LLP  
300 Madison Avenue  
New York, New York 10017  
United States of America

#### **LEGAL COUNSEL**

Schulte Roth & Zabel LLP  
919 Third Avenue  
New York, New York 10022  
United States of America

#### **CUSTODIAL TRUSTEE**

Wilmington Trust Company  
Rodney Square North  
1100 North Market Street  
Wilmington, Delaware 19801  
United States of America

#### **INVESTMENT MANAGER**

AllianceBernstein L.P.  
501 Commerce Street  
Nashville, TN 37203  
United States of America



**BERNSTEIN**

<b>Plan Name</b>	<b>ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES</b>
<b>Plan Sponsor EIN</b>	<b>85-2758350</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

<b>Plan Name</b>	<b>ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES</b>
<b>Plan Sponsor EIN</b>	<b>85-2758350</b>
<b>ERISA Plan #</b>	<b>001</b>
<b>Plan Year Ending</b>	<b>December 31, 2024</b>

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

<b>Form/Schedule</b>	<b>Line #</b>	<b>Description</b>	<b>Attachment</b>
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5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant contributions	

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ALLIANCEBERNSTEIN DELAWARE BUSINESS TRUST AB GLOBAL CORE EQUITY SERIES
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): ALLIANCEBERNSTEIN L.P.
2b Employer Identification Number (EIN): 85-2758350
2c Plan Sponsor's telephone number: (914) 993-2300
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Chris Noone and date 10-15-2025.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ALLIANCEBERNSTEIN L.P.  501 COMMERCE STREET  NASHVILLE TN 37203	<b>3b</b> Administrator's EIN 13-4064930 <b>3c</b> Administrator's telephone number (212) 486-5800
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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