

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: ALLIANCE CAPITAL GROUP TRUST EMERGING MARKETS FUND
1b Three-digit plan number (PN): 005
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): 36-6913091
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan ALLIANCE CAPITAL GROUP TRUST EMERGING MARKETS FUND	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.	D Employer Identification Number (EIN) 36-6913091	

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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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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ALLIANCE CAPITAL GROUP TRUST EMERGING MARKETS FUND</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLIANCEBERNSTEIN L.P.</u>	D Employer Identification Number (EIN) <u>36-6913091</u>	

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALLIANCE CAPITAL GROUP TRUST EMERGING MARKETS FUND	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIANCEBERNSTEIN L.P.	D Employer Identification Number (EIN) 36-6913091

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	248866	133405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4492246	2536678
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	6083544	2715172
(B) Common	1c(4)(B)	120602916	137289228
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	2094452	3446466
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	622812	709287

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	134144836	146830236
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	654573
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	654573
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	134144836	146175663

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9453	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	7895	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17348
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	171298	
(B) Common stock.....	2b(2)(B)	2285448	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	133806355	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	138318763	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	14246188	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-177047
d Total income. Add all income amounts in column (b) and enter total	2d		12030827

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12030827
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Alliance Capital Group Trust

EMERGING MARKETS FUND

December 31, 2024

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

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Report of Independent Auditors

To Management of Emerging Markets Fund

Opinion

We have audited the accompanying financial statements of Emerging Markets Fund (the "Fund"), which comprise the statement of assets and liabilities, including the condensed schedule of investments, as of December 31, 2024 and the related statements of operations and 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 Fund 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 Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



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

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

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

PricewaterhouseCoopers LLP

New York, New York
March 7, 2025

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

STATEMENT OF ASSETS AND LIABILITIES

DECEMBER 31, 2024

ASSETS:

Investment in equity securities, at fair value (cost \$121,269,452)	\$ 144,160,153
Short-term investment, at fair value (cost \$1,590,228)	<u>1,590,228</u>

Total investments	<u>145,750,381</u>
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Foreign currencies, at fair value (cost \$962,742)	946,450
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Receivables:

Dividends	131,953
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Accrued net securities lending income	<u>1,452</u>
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Total assets	<u>146,830,236</u>
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Payables:

Investment securities purchased	<u>654,573</u>
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Total liabilities	<u>654,573</u>
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NET ASSETS:	<u>\$ 146,175,663</u>
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NET ASSET VALUE PER UNIT (Based on 2,225,719 units outstanding)	<u>\$ 65.68</u>
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See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

CONDENSED SCHEDULE OF INVESTMENTS

DECEMBER 31, 2024

INVESTMENT IN SECURITIES - EQUITY POSITIONS BY INDUSTRY AND BY COUNTRY

Country	Industry	% of Net Assets	Fair Value
COMMON STOCK			
Brazil			
	Banks	1.38%	\$ 2,022,168
	Broadline Retail	1.42	2,074,537
	Electric Utilities	0.64	933,113
	Water Utilities	1.23	1,798,880
Total Brazil (Cost \$5,746,702)		4.67	6,828,698
China			
	Automobiles	1.03	1,510,119
	Beverages	1.12	1,643,737
	Broadline Retail	3.69	5,396,363
	Consumer Finance	2.29	3,340,211
	Diversified Consumer Services	1.03	1,508,840
	Hotels, Restaurants & Leisure	5.10	7,456,871
	Household Durables	1.38	2,017,481
	Insurance	0.85	1,237,579
	Interactive Media & Services		
	Tencent Holdings Ltd. (Shares 179,300)	6.59	9,626,815
	Machinery	1.54	2,252,817
	Textiles, Apparel & Luxury Goods	1.74	2,547,304
Total China (Cost \$37,021,924)		26.36	38,538,137
Hong Kong			
	Insurance	1.06	1,549,824
Total Hong Kong (Cost \$2,082,893)		1.06	1,549,824
India			
	Banks	3.56	5,207,744
	Capital Markets	2.51	3,672,058
	Construction & Engineering	1.38	2,022,025
	Hotels, Restaurants & Leisure	2.21	3,231,942
	Independent Power & Renewable Electricity		
	Producer	1.37	1,999,074
	IT Services	1.88	2,741,733
	Pharmaceuticals	2.26	3,306,730
	Real Estate Management & Development	2.43	3,554,086
	Textiles, Apparel & Luxury Goods	1.02	1,484,032
Total India (Cost \$23,674,730)		18.62	27,219,424
Indonesia			
	Banks	1.53	2,238,565
Total Indonesia (Cost \$2,237,911)		1.53	2,238,565
Kazakhstan			
	Consumer Finance	0.89	1,304,157
Total Kazakhstan (Cost \$1,272,675)		0.89	1,304,157

See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

CONDENSED SCHEDULE OF INVESTMENTS (continued)

DECEMBER 31, 2024

INVESTMENT IN SECURITIES - EQUITY POSITIONS BY INDUSTRY AND BY COUNTRY (continued)			
Country	Industry	% of Net Assets	Fair Value
COMMON STOCK (continued)			
Korea			
	Life Sciences Tools & Services	1.40%	\$ 2,051,875
	Machinery	1.37	2,009,170
	Semiconductors & Semiconductor Equipment	3.09	4,511,253
	Technology Hardware, Storage & Peripherals	1.85	2,700,420
Total Korea (Cost \$11,232,380)		7.71	11,272,718
Mexico			
	Consumer Staples Distribution & Retail	1.30	1,893,742
Total Mexico (Cost \$1,344,702)		1.30	1,893,742
Philippines			
	Transportation Infrastructure	1.49	2,175,466
Total Philippines (Cost \$2,333,487)		1.49	2,175,466
Poland			
	Consumer Staples Distribution & Retail	0.88	1,290,829
Total Poland (Cost \$1,498,767)		0.88	1,290,829
Saudi Arabia			
	Banks	2.22	3,235,192
	Electrical Equipment	1.31	1,917,662
	Insurance	0.81	1,183,581
	Wireless Telecommunication Services	1.08	1,580,299
Total Saudi Arabia (Cost \$7,347,239)		5.42	7,916,734
South Africa			
	Insurance	1.09	1,598,396
	Specialty Retail	0.75	1,088,207
Total South Africa (Cost \$2,654,708)		1.84	2,686,603
Taiwan			
	Entertainment	1.10	1,604,295
	Semiconductors & Semiconductor Equipment		
	Taiwan Semiconductor Manufacturing Co. Ltd. (Shares 445,000)	9.98	14,591,499
	Other Semiconductors & Semiconductor Equipment	4.80	7,014,214
Total Taiwan (Cost \$11,561,481)		15.88	23,210,008
Turkey			
	Consumer Staples Distribution & Retail	0.58	853,901
Total Turkey (Cost \$1,053,452)		0.58	853,901
United Arab Emirates			
	Banks	1.07	1,563,975
Total United Arab Emirates (Cost \$1,460,165)		1.07	1,563,975

See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

CONDENSED SCHEDULE OF INVESTMENTS (continued)

DECEMBER 31, 2024

INVESTMENT IN SECURITIES - EQUITY POSITIONS BY INDUSTRY AND BY COUNTRY (continued)			
Country	Industry	% of Net Assets	Fair Value
COMMON STOCK (continued)			
United States			
	IT Services	1.54%	\$ 2,244,978
	Metals & Mining	0.85	1,239,123
	Semiconductors & Semiconductor Equipment	2.55	3,732,624
Total United States (Cost \$3,802,441)		4.94	7,216,725
Vietnam			
	IT Services	2.04	2,976,188
Total Vietnam (Cost \$1,397,469)		2.04	2,976,188
Total Common Stock (Cost \$117,723,126)		96.28%	\$ 140,735,694
PREFERRED STOCK			
Brazil			
	Banks	1.23%	\$ 1,789,228
Total Brazil (Cost \$2,087,290)		1.23	1,789,228
Korea			
	Technology Hardware, Storage & Peripherals	0.63	925,944
Total Korea (Cost \$1,296,285)		0.63	925,944
Total Preferred Stock (Cost \$3,383,575)		1.86%	\$ 2,715,172
WARRANTS			
Vietnam			
	IT Services	0.48%	\$ 709,287
Total Vietnam (Cost \$162,751)		0.48	709,287
Total Warrants (Cost \$162,751)		0.48%	\$ 709,287
Total Investments in Equity Securities (Cost \$121,269,452)		98.62%	\$ 144,160,153
SHORT-TERM INVESTMENT			
United States			
	NT Collective Short Term Investment Fund (Cost \$1,590,228) (Shares 1,590,228)	1.09%	\$ 1,590,228
Total United States (Cost \$1,590,228)		1.09	1,590,228
Total Short-Term Investment (Cost \$1,590,228)		1.09%	\$ 1,590,228
Total Investments in Securities (Cost \$122,859,680)		99.71%	\$ 145,750,381

As of December 31, 2024, securities with a fair value of \$3,446,466 were on loan.

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

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

See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2024

INVESTMENT INCOME:

Income:

Dividends (net of foreign withholding taxes of \$305,214)	\$ 2,466,199
Net securities lending income	<u>7,895</u>
Total income	<u>2,474,094</u>
Net investment income	<u>2,474,094</u>

REALIZED AND CHANGE IN UNREALIZED GAIN (LOSS) ON INVESTMENTS AND FOREIGN CURRENCIES:

Net realized loss on:

Investments (net of foreign capital gains tax paid of \$2,043)	(484,590)
Foreign currencies	<u>(126,747)</u>
Net realized loss on investments and foreign currencies	<u>(611,337)</u>

Net change in unrealized gain (loss) on:

Investments	10,218,370
Foreign currencies	<u>(50,300)</u>
Net change in unrealized gain on investments and foreign currencies	<u>10,168,070</u>

Net realized and change in unrealized gain on investments and foreign currencies	<u>9,556,733</u>
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NET INCREASE IN NET ASSETS RESULTING FROM OPERATIONS \$ 12,030,827

See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2024

INCREASE (DECREASE) IN NET ASSETS:

Operations:

Net investment income	\$ 2,474,094
Net realized loss on investments and foreign currencies	(611,337)
Net change in unrealized gain on investments and foreign currencies	<u>10,168,070</u>
Net increase in net assets resulting from operations	<u>12,030,827</u>

NET INCREASE IN NET ASSETS 12,030,827

NET ASSETS:

Beginning of year	<u>134,144,836</u>
End of year	<u>\$ 146,175,663</u>

See accompanying notes to financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2024

1. ORGANIZATION

The Alliance Capital Group Trust (the "Trust") was established on February 9, 1990 to provide for the collective investment of the assets of domestic pension and profit-sharing plans qualified under Section 401(a) of the Internal Revenue Code of 1986 (the "Code") and exempt from tax under Section 501(a) of the Code. The Alliance Capital Group Trust Emerging Markets Fund (the "Fund") established under the Trust invests in equity securities of non-U.S. companies located in emerging market countries. The Fund is managed by AllianceBernstein L.P. (the "Investment Manager"). The Northern Trust Company acts as the Fund's Custodial Trustee (the "Custodial Trustee"). The Fund follows accounting and reporting guidance under Financial Accounting Standards Board Accounting Standards Codification ("ASC") Topic 946, "Financial Services—Investment Companies".

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Valuation Date — A "Valuation Date" means 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 and the principal offices of the Custodial Trustee are open for business.

Valuation of Each Unit — The "Net Asset Value per Unit" of the Fund is determined by dividing the Net Assets by the number of units outstanding 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 ("OTC") market 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.

Futures contracts are valued at the settlement price on the exchange on which the contracts were purchased or sold. Net unrealized gains and losses on open futures contracts are included in the statement of operations.

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.

Foreign Currencies — Foreign currencies include cash denominated in currencies other than the U.S. dollar.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 Fund 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 change in 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 dividends, interest, and foreign withholding taxes recorded on the Fund's 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 Fund's financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America ("U.S. GAAP"). The preparation of financial statements in conformity with U.S. GAAP requires the Fund's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures 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 year. Actual results could differ from those estimates and such differences could be material.

Income Recognition — Securities transactions are recorded on the trade date basis. Dividend income is recognized on the ex-dividend date and interest income is recognized on the accrual basis. 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. 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.

Indemnifications and Warranties — In the ordinary course of its business, the Fund 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 Fund. The maximum exposure to the Fund under these provisions is unknown as this would involve future claims that have not yet occurred. However, based upon experience, the Fund expects the risk of loss to be remote.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

The Trust has received from the Internal Revenue Service a determination letter affirming that the Trust is exempt from federal income tax under Section 501(a) of the Code.

The Fund 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 Fund remains subject to examination by U.S. federal and state jurisdictions, as well as international jurisdictions, for certain years prior to and including December 31, 2024 and upon completion of these examinations (if undertaken by the taxing jurisdiction) tax adjustments may be necessary and retroactive to all open tax years.

Cash and Short-Term Investments — Cash and short-term investments include cash on hand and short-term investments with maturities of less than one year when purchased.

3. FAIR VALUE MEASUREMENTS

In accordance with ASC 820, fair value is defined as the price that the Fund 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, as of the reporting date, based on market data obtained from sources independent of the Fund. Unobservable inputs reflect the Fund's own assumptions about the assumptions that market participants would use in pricing the asset or liability 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.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

3. FAIR VALUE MEASUREMENTS (continued)

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 Fund's 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 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 inputs to determine the valuation.

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 is generally classified as Level 2. Inputs to Level 2 valuations are observable and may include quoted prices for similar investments in active markets, currency rates, interest 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 are 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.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

3. FAIR VALUE MEASUREMENTS (continued)

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

Investment in Securities	Level 1	Level 2	Level 3	Total
Equity Securities:				
Common Stock*	\$ 140,735,694	\$ —	\$ —	\$ 140,735,694
Preferred Stock*	2,715,172	—	—	2,715,172
Warrants*	—	709,287	—	709,287
	<u>\$ 143,450,866</u>	<u>\$ 709,287</u>	<u>\$ —</u>	<u>\$ 144,160,153</u>
Investments valued at NAV as practical expedient**				<u>\$ 1,590,228</u>
Total Investments				\$ 145,750,381

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

** Based upon the application of FASB's Accounting Standards Update 2015-07, Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its equivalent), as an amendment to ASC 820, Fair Value Measurement, certain investments that are measured at fair value using net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of assets and liabilities.

There have been no transfers into or out of Level 3 fair value measurements for the Fund for the year ended December 31, 2024 from the previous period.

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 Fund 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 Custodial Trustee can redeem a unitholder's units in an amount sufficient to pay such fees.

The Investment Manager bears the cost of all operational expenses including the custody (including recordkeeping, accounting and administrative) services rendered by the Custodial Trustee and other professional services such as audit, legal and tax on behalf of the Fund and such expenses are not reflected as an expense of the Fund in the accompanying financial statements.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

5. FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK

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

The Fund 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 net assets decline by a stated percentage or the Fund fails to meet other credit-risk contingent terms in the agreements, which would cause an accelerated payment of any net liability owed to the counterparty.

The principal types of derivatives utilized by the Fund are:

Futures Contracts

The Fund may enter into futures contracts for investing purposes to increase exposure to underlying asset classes. Futures contracts obligate the buyer to take and the seller to make delivery at a future date of a specified quantity of a financial instrument or an amount of cash based on the value of securities indices, commodities or the fair value in U.S. dollars of a foreign currency.

The Fund’s participation in the futures markets involves certain risks, including imperfect correlation between movements in the price of the futures contracts and movements in the price of the securities hedged or used for cover. Risks may arise from the potential inability of a counterparty to meet the terms of the contract. Credit risk is mitigated to the extent that the exchange on which a particular futures contract is traded assumes the risk of a counterparty defaulting on its obligations under the contract.

At the time the Fund enters into a futures contract, the Fund deposits and maintains as collateral an initial margin with the broker, as required by the exchange on which the transaction is affected. Pursuant to the contract, the Fund agrees to receive from or pay to the broker an amount of cash equal to the fluctuation in the value of the contract. Such receipts or payments are determined by the rules of the futures exchange and are known as variation margin. When the contract is closed, the Fund records a realized gain or loss equal to the difference between the value of the contract at the time it was opened and the time it was closed. This amount is included in net realized gain or loss on futures contracts in the statement of operations.

For the year ended December 31, 2024, the Fund did not trade futures contracts.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

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

Forward Foreign Currency Contracts

The Fund may enter 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 change in 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 Fund has in that particular currency contract.

For the year ended December 31, 2024, the Fund did not trade forward foreign currency contracts.

Currency Transactions

The Fund invests in non-U.S. dollar denominated securities on a currency hedged or unhedged basis. The Fund seeks investment opportunities by taking long or short position in currencies through the use of currency-related derivatives, including foreign currency contracts. The Fund enters into transactions for investment opportunities when it anticipates that a foreign currency will appreciate or depreciate in value but securities denominated in that currency are not held by the Fund 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 Fund 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).

The Fund 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 Fund 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.

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

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

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

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 Fund 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 Fund's net liability, held by the defaulting party, may be delayed or denied.

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

At December 31, 2024, the Fund had no derivative contracts outstanding.

6. UNITS ISSUED AND OUTSTANDING

The beneficial interest in the Fund is divided into units, each without par value. Each unit of the Fund is identical in all respects with every other unit of the Fund and represents an undivided beneficial interest in the net assets held on behalf of the Fund. Unit transactions for the year ended December 31, 2024, were as follows:

Balance — beginning of year	<u>2,225,719</u>
Balance — end of year	<u>2,225,719</u>

At any point during the year, the Fund 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 Fund. At December 31, 2024, there was 1 unitholder owning greater than 20% of the Fund's net assets. The unitholder owned 100.00% of the Fund's net assets.

7. ADDITIONAL RISKS

The value of the Fund's 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 of illness) and regional and global conflicts, that affect large portions of the market.

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

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

7. ADDITIONAL RISKS (continued)

Investments in foreign securities entail significant risks in addition to those customarily associated with investing in U.S. equities. 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 Fund invests and adversely affect the value of the Fund's 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 Fund will differ from that of market indexes, its performance generally will not mirror the returns provided by a specific market index.

8. SECURITIES LENDING PROGRAM

In order to generate additional income, the Fund may, through its Custodial Trustee, lend securities to banks, brokers and other qualified institutions. The Fund pays fees to the Custodial Trustee for administering the securities lending program. Income from securities lending (net of fees) is disclosed as investment income in the statement of operations. When the Fund lends securities, it is subject to a risk of failure by the borrower to return the loaned securities or a delay in delivery of the securities, in which case the Fund may incur a loss. To alleviate this risk, the Fund will receive collateral in the form of cash, government securities or irrevocable bank letters of credit equal to at least 100% of the value of the securities loaned. Collateral levels are monitored daily and additional collateral is demanded from the borrower when necessary. Any cash collateral received by the Fund in connection with these loans may be invested either directly or indirectly through a pooled cash collateral investment fund.

The Fund is subject to investment risk on the collateral. As of December 31, 2024, \$3,446,466 of the Fund's securities reported on the statement of assets and liabilities were on loan and were secured by non-cash collateral with a fair value of \$3,627,265.

9. FINANCIAL HIGHLIGHTS

The financial highlights are intended to facilitate the understanding of the Fund's 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 expenses, including 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.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

NOTES TO FINANCIAL STATEMENTS (continued)

YEAR ENDED DECEMBER 31, 2024

9. FINANCIAL HIGHLIGHTS (continued)

Per unit operating performance:

Net asset value per unit — December 31, 2023	\$	<u>60.27</u>
Income from investment operations:		
Net investment income		1.11
Net realized and change in unrealized gain on investments and foreign currencies		<u>4.30</u>
Total from investment operations		<u>5.41</u>
Net asset value per unit — December 31, 2024	\$	<u><u>65.68</u></u>
Total return		8.97%
Ratios to average net assets:		
Net investment income		1.74%

10. SUBSEQUENT EVENTS

Management has evaluated the possibility of subsequent events existing in the Fund's 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 Fund's financial statements through this date.

ALLIANCE CAPITAL GROUP TRUST

Emerging Markets Fund

CUSTODIAL TRUSTEE

The Northern Trust Company
50 South LaSalle Street
Chicago, IL 60675

INDEPENDENT AUDITORS

PricewaterhouseCoopers LLP
300 Madison Avenue
New York, NY 10017

LEGAL COUNSEL

Schulte Roth & Zabel LLP
919 Third Avenue
New York, NY 10022

INVESTMENT MANAGER

AllianceBernstein L.P.
501 Commerce Street
Nashville, TN 37203



BERNSTEIN

Plan Name	Alliance Capital Group Trust Emerging Markets Fund
Plan Sponsor EIN	36-6913091
ERISA Plan #	005
Plan Year Ending	December 31, 2024

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).

Form/Schedule	Line #	Description	Attachment
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	

Plan Name	Alliance Capital Group Trust Emerging Markets Fund
Plan Sponsor EIN	36-6913091
ERISA Plan #	005
Plan Year Ending	December 31, 2024

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).

Form/Schedule	Line #	Description	Attachment
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	

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: ALLIANCE CAPITAL GROUP TRUST EMERGING MARKETS FUND
1b Three-digit plan number (PN): 005
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): 36-6913091
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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____
