

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
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 (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ABB INC. RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>302</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ABB INC.</u> <u>305 GREGSON DRIVE</u> <u>CARY, NC 27511</u>		1c Effective date of plan <u>01/01/1991</u>	
		2b Employer Identification Number (EIN) <u>36-3100018</u>	
		2c Plan Sponsor's telephone number <u>919-856-2360</u>	
		2d Business code (see instructions) <u>335900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2020	DANIEL HAGMANN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 35028
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 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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 27831 6a(2) 26916 6b 804 6c 6553 6d 34273 6e 172 6f 34445 6g 27235 6h 282
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: 2A 2E 2F 2G 2J 2K 2S 2T 3H 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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)** ☒ **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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan ABB INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 302
C Plan sponsor's name as shown on line 2a of Form 5500 ABB INC.	D Employer Identification Number (EIN) 36-3100018

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

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

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

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

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

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

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

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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 52 59 60 62 72	RECORDKEEPER	1372316	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CURCIO WEBB

36-4171366

(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?
70	CONSULTANT	93155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORTON LLP

PO BOX 532019
ATLANTA, GA 30353-2019

(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?
70	ACCOUNTANT	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>ABB INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>302</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABB INC.</u>	D Employer Identification Number (EIN) <u>36-3100018</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2015 TR PL</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735891-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>208806</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET INC TR PLU</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735883-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>476887</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2050 TR PL</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735976-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>221357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET RET 2045 TR PL</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-0735972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>630869</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK EQUITY INDEX NON LENDABLE</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4368878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>606755</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EX-U.S. IMI IND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-2912262-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>72960</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DEBT INDEX NON LENDABL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4395662-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>745881</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL/MID CAP		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY		
c EIN-PN 90-0337987-167	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250484
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735899-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 614305
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735963-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1085136
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 447403
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735965-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 553819
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735971-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 636956
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-0735978-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209246
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799736-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137348
a Name of MTIA, CCT, PSA, or 103-12 IE: ABB INC. DC PLANS MASTER TRUST		
b Name of sponsor of entity listed in (a): ABB INC.		
c EIN-PN 36-3100018-051	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3315514000
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)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ABB INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	302
C Plan sponsor's name as shown on line 2a of Form 5500 ABB INC.	D Employer Identification Number (EIN) 36-3100018	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	17500000	18350000
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	10305000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	257825
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	48017000	39233733
(9) Value of interest in common/collective trusts	1c(9)		6898214
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	2823169000	3315514000
(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)	0	4080493
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	9252000	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	2897938000	3394639265

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2897938000	3394639265
---	-----------	------------	------------

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)	130221419	
(B) Participants	2a(1)(B)	129785040	
(C) Others (including rollovers)	2a(1)(C)	22228689	
(2) Noncash contributions	2a(2)	10305000	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		292540148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	30880	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2483967	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2514847
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	293978	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		293978
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	260088134	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	260088130	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1124912
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		544839000
(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)		615754
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		841928643

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	343127164	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		343127164
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		673779
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1426435	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1426435
j Total expenses. Add all expense amounts in column (b) and enter total	2j		345227378

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		496701265
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a	X		52616
4b		X	

	Yes	No	Amount
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	
4c		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	
4d		X	
e Was this plan covered by a fidelity bond?	X		40000000
4e	X		40000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan ABB INC. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 302
C Plan sponsor's name as shown on line 2a of Form 5500 ABB INC.		D Employer Identification Number (EIN) 36-3100018
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Report of
Independent Certified Public
Accountants

ABB Inc. Retirement Savings Plan

December 31, 2019 and 2018

Contents

Page

Report of Independent Certified Public Accountants

3

Financial Statements

Statements of net assets available for benefits

5

Statements of changes in net assets available for
benefits

6

Notes to financial statements

7

Supplemental Schedules

Schedule H, Line 4(a) – Schedule of delinquent
participant contributions

18

Schedule H, Line 4(i) – Schedule of assets (held at end
of year)

19

GRANT THORNTON LLP

201 S College St., Suite 2500
Charlotte, NC 28244

D +1 704 632 3500

F +1 704 334 7701

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
ABB Inc. Retirement Savings Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of ABB Inc. Retirement Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 4, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of December 31, 2019 and 2018, and for the years ended December 31, 2019 and 2018, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information

The supplemental Schedule H, Line 4(a) - Schedule of delinquent participant contributions for the year ended December 31, 2019 and Schedule H, Line 4(i) - Schedule of assets (held at end of year) as of December 31, 2019, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in Note 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Charlotte, North Carolina
October 14, 2020

ABB Inc. Retirement Savings Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,
(amounts in thousands)

	2019	2018
Assets		
Plan interest in ABB Inc. Defined Contribution Plans Master Trust	\$ 3,315,514	\$ 2,823,169
Other investments, at fair value	<u>11,236</u>	<u>9,252</u>
Total investments	3,326,750	2,832,421
Employer contributions receivable	18,350	17,500
Proceeds from settlement (Note 9)	10,305	-
Notes receivable from participants	<u>39,234</u>	<u>48,017</u>
Total receivables	<u>67,889</u>	<u>65,517</u>
Net assets available for benefits	<u>\$ 3,394,639</u>	<u>\$ 2,897,938</u>

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

ABB Inc. Retirement Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31,
(amounts in thousands)

	<u>2019</u>	<u>2018</u>
Investment income:		
Plan interest in ABB Inc. Defined Contribution Plans Master Trust, net investment income (loss)	\$ 544,839	\$ (139,097)
Interest and dividends on other investments	324	272
Net appreciation (depreciation) in fair value of other investments	<u>1,741</u>	<u>(778)</u>
Total investment income (loss)	<u>546,904</u>	<u>(139,603)</u>
Interest income on notes receivable from participants	2,485	2,471
Proceeds from settlement (Note 9)	10,305	-
Contributions:		
Employer contributions	130,221	114,650
Participants contributions	129,785	113,017
Rollover contributions	<u>22,229</u>	<u>30,254</u>
Total contributions	<u>282,235</u>	<u>257,921</u>
Deductions:		
Benefits paid to participants	(343,801)	(331,536)
Administrative expenses	<u>(1,427)</u>	<u>(966)</u>
Total deductions	<u>(345,228)</u>	<u>(332,502)</u>
Change in net assets available for benefits before transfers	496,701	(211,713)
Net transfers in from other plans (Note 1)	<u>-</u>	<u>1,094,988</u>
Increase in net assets available for benefits after transfers	496,701	883,275
Net assets available for benefits:		
Beginning of year	<u>2,897,938</u>	<u>2,014,663</u>
End of year	<u>\$ 3,394,639</u>	<u>\$ 2,897,938</u>

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

ABB Inc. Retirement Savings Plan
NOTES TO FINANCIAL STATEMENTS

December 31, 2019 and 2018
(amounts in thousands)

NOTE 1 - DESCRIPTION OF THE PLAN

ABB Inc. Retirement Savings Plan (RSP or the Plan) is a defined contribution plan covering all eligible full-time and part-time employees of ABB Inc. (the Company, the Employer or ABB). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Participants should refer to the Plan document for a complete description of the Plan's provisions.

The majority of the assets of the Plan are held in the ABB Inc. Defined Contribution Plans Master Trust (Master Trust). On May 1, 2014, Baldor Electric Company, plan sponsor of the Baldor Electric Company Employees Profit Sharing and Savings Plan (Baldor Plan) adopted the Master Trust agreement as a participating plan sponsor. On April 1, 2016, Thomas & Betts Corporation, plan sponsor of the Thomas & Betts Corporation Employees' Investment Plan (Thomas & Betts Plan) adopted the Master Trust agreement as a participating plan sponsor. Bank of America N.A. is the Trustee of the Master Trust. The Trustee maintains separate accounts for each plan. Accordingly, investment earnings and expenses are separately reflected in each plans' accounting records.

On January 1, 2018 all plans in the Master Trust were merged into the Plan. The Personal Retirement Investment and Savings Management Plan for Certain Represented Employees of ABB Inc (PRISM Plan) merged into the Plan transferring in net assets of \$57,032, the Baldor Plan merged into the Plan transferring net assets of \$704,227 and the Thomas & Betts Plan merged into the Plan transferring net assets of \$333,729.

Eligibility

All nonunion salaried, certain hourly and certain non-U.S. resident (working for the Company in the United States) employees of the Company who are working as regular, full-time employees are eligible to participate in the Plan at any time after the date of hire. Regular part-time employees must complete 12 months of service and at least 1,000 hours of service to participate in the Plan.

Contributions

Participants can elect to make contributions to the Plan through payroll deductions in whole percentages from 1% to 50% of their annual compensation (as defined in the Plan document, subject to Internal Revenue Service (IRS) limitations) on a pretax or after-tax basis or can elect not to participate in the Plan altogether. If the participant does not make an election in the first 30 days of employment, there is an auto enrollment at a rate of 2%, which can be changed at any time by the participant. Over age 50 catch-up contributions can be made by eligible participants in whole percentages from 1% to 100% of their annual compensation (as defined in the Plan document, subject to IRS limitations). The Employer's contributions, where applicable, shall be equal to 75% (25% in the case of Baldor Employees) of the participants' contributions made during the year, up to 6% of their annual compensation. The Plan Sponsor will also provide a Safe Harbor Contribution calculated as 3% of the employee's compensation, an Additional Baldor Contribution which is determined at the sole discretion of the Baldor management, and a Transition Contribution through the Plan year 2021 calculated as 2% of the employee's compensation as long as the employee had completed at least 10 years of service. The contribution receivable was \$18 million for 2019 and 2018. The Plan had no additional employee or employer contributions receivable as of December 31, 2019.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

Vesting

All participant contributions and earnings thereon are fully vested at all times. Matching Employer and annual Company contributions and earnings thereon become 50% vested after the participant has completed two years of service and 100% vested after three years of service.

Participant Accounts

Each participant's account is credited with the participant's contributions, matching Employer contributions, and an allocation of: (i) the annual Company contribution and (ii) Plan earnings or losses. Earnings or losses are based on participants' individual account balances and investment choices. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

Upon termination of employment, retirement or death, the participant or beneficiary may receive a lump-sum cash distribution, or monthly or annual installments, depending upon the nature of the event and total vested value of the participant's account, as defined by the Plan document, or may elect to have the payment of benefits deferred up to age 70½ at which time distributions must commence.

Hardship Withdrawals

A participant may withdraw tax-deferred contributions for (a) medical expenses, (b) purchase of a principal residence, (c) payment of tuition expenses for educational fees and room and board expenses for post-secondary education, (d) to prevent eviction from principal residence or (e) any other reason set forth by the Commissioner of the IRS conditional upon satisfactory demonstration of the need and approval by the Company.

Notes Receivable from Participants

The Plan allows a participant to have up to two loans outstanding at any time. The minimum loan is \$1 and the total amount of a participant's loan shall not exceed the lesser of:

- 50% of the participant's fully vested account balance; or
- \$50 reduced by the participant's highest outstanding loan balance from the Plan during the one-year period ending on the day before the new loan is made.

Loans are repaid from payroll deductions. Interest rates on the loans are equal to the prime interest rate plus 1% on the first business day of the month preceding the calendar quarter in which the loan becomes effective. The interest rate range for loans issued during 2019 was 5.75% to 6.50% and 2018 was 5.5% to 6.25%. Interest rates for outstanding loans ranged from 4.25% to 10.50% as of December 31, 2019 and December 31, 2018. Participants may elect to repay loans over a period of one to five years. If the purpose of the loan is to purchase the participant's principal residence, the loan may be repaid over a period of up to 20 years.

Forfeitures

Forfeitures of terminated participants' non-vested accounts are used to either pay expenses of the Plan or reduce future employer contributions. Unallocated forfeitures as of December 31, 2019 and 2018, were \$400 and \$100, respectively. The Plan used \$3,600 and \$1,600 to reduce employer contributions during 2019 and 2018, respectively.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

Administrative Expenses

Administrative expenses are paid by the Plan or the Company, at the discretion of the Company. Investment related expenses are included in the net appreciation (depreciation) in fair value of investments.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined by the Trustee pursuant to the Master Trust Agreement as directed and overseen by the Benefit Committee. The Plan's investments, including the underlying investments held in the Master Trust are valued as follows:

Assets held by the Plan and the assets of the Master Trust consist of mutual fund investments stated at quoted market value and participation units in collective trusts based on net assets values (NAV) on the last business day of the Plan's year-end (see Note 6).

The Plan and the Master Trust also invest in synthetic investment contracts through the Income Fund (see Note 7). Investment contracts, held by a defined contribution plan or master trust, are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits present the Income Fund at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay benefits and administrative expenses of the contract.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded when earned. Net appreciation (depreciation) includes the gains and losses on investments bought, sold, and held during the year.

Risks and Uncertainties

Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements, accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2019 or 2018.

If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Recent Accounting Pronouncement

In February 2017, the Financial Accounting Standards Board issued Accounting Standards Update 2017-06, "*Plan Accounting: Employee Benefit Plan Master Trust Reporting*." The amendments in the ASU clarify presentation requirements for a plan's interest in a master trust and require more detailed disclosures of the plan's interest in the master trust. The amendments also eliminate a redundancy relating to 401(h) account disclosures. The amendments in ASU 2017-06 are effective for plans for fiscal years beginning after December 15, 2018. The new accounting pronouncement was adopted in these financial statements.

NOTE 3 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 17, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. As of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

NOTE 4 - INFORMATION CERTIFIED BY TRUSTEE

The information in the financial statements and supplemental schedules was summarized from information certified as complete and accurate by the Trustee. The Trustee holds the Plan and Master Trust's assets and executes transactions thereon. Financial information relating to the Plan and Master Trust investments and income or loss thereon, and the Plan's notes receivable from participants and related interest income included in the accompanying financial statements and supplemental schedules is based upon information provided by the Trustee. The information was not audited by independent certified public accountants as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Trustee has certified that the following data, included in the accompanying financial statements and supplemental schedules, is complete and accurate:

- Plan interest in ABB Inc. Defined Contribution Plans Master Trust and notes receivable from participants, as shown in the statements of net assets available for benefits at December 31, 2019 and 2018.
- Plan interest in ABB Inc. Defined Contribution Plans Master Trust net investment income (loss) and interest income on notes receivable from participants, as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2019 and 2018.
- Total investments and investment income (loss) for the Master Trust as presented in Note 5.
- Other investments at fair value, as shown in the statements of net assets available for benefits as of December 31, 2019 and 2018.
- Net appreciation (depreciation) in fair value of other investments and interest and dividends on other investments, as shown in the statements of changes in net assets available for the years ended December 31, 2019 and 2018.
- Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2019 and 2018.

NOTE 5 - MASTER TRUST

As of and for the years ended December 31, 2019 and 2018, the Plan had a 100% divided interest in the net assets of the Master Trust. Net assets, net investment income and gains and losses and losses to participating plans, if any, in the Master Trust are either a) based upon the actual experience of the underlying investment within the Plan, or b) based upon the percentage ownership of the investment of the participating plan. The Plan's interest in the net assets of the Master Trust is included in the accompanying statements of net assets available for benefits.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

The following tables present the Plan's interest in the net assets of the Master Trust, which is the same as net assets for the Master Trust, and the net investment income for the Plan and Master Trust:

December 31	2019	2018
Investments at contract value Income Fund (Note 7)	\$ 424,655	\$ 494,278
Investments at fair value (Note 6)		
Collective trusts	1,512,852	1,408,655
Mutual funds	885,418	919,411
Money market	492,589	825
Total investments at fair value	2,890,859	2,328,891
Total net assets	\$ 3,315,514	\$ 2,823,169
Years ended December 31	2019	2018
Investment income:		
Dividends	\$ 84,359	\$ 76,478
Interest	491	493
Total interest and dividends	84,850	76,971
Net appreciation (depreciation) in fair value of investments	459,989	(216,068)
Total investment income (loss)	\$ 544,839	\$ (139,097)

NOTE 6 - FAIR VALUE MEASUREMENTS

ASC 820 clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements.

The hierarchy established under ASC 820 gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). As required by ASC 820, the Plan and Master Trust investments are classified within the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820, and its applicability to the Plan and Master Trust's investments, are described below:

- Level 1** Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
- Level 2** Quoted prices for similar assets or liabilities, or inputs that are observable, either directly or indirectly, for substantially the full term through corroboration with observable market data. Level 2 includes investments valued at quoted prices adjusted for legal and contractual restrictions specific to the security.
- Level 3** Pricing inputs are unobservable for the asset or liability, that is, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability. Level 3 includes private investments that are supported by little or no market activity.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

The methods used to measure the fair value calculation may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan and Master Trust believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Collective trusts - Valued at NAV of units held as reported by the Trustee based on the fair value of the underlying assets less liabilities. There are currently no redemption restrictions or unfunded commitments on these investments. The NAV is used as the practical expedient to estimate fair value.

Mutual funds and money market - Valued at the fair value, based on quoted market prices in active markets, of shares held by the Plan at year-end. There are currently no redemption restrictions or unfunded commitments on these investments.

The following tables sets forth by level, within the fair value hierarchy, the Plan and Master Trust's assets at fair value as of December 31, 2019 and 2018:

December 31, 2019	Investments at Fair Value				
	Level 1	Level 2	Level 3	NAV	Total
Master Trust investments:					
Collective trust funds	\$ -	\$ -	\$ -	\$ 1,512,852	\$ 1,512,852
Mutual funds	885,418	-	-	-	885,418
Money market	492,589	-	-	-	492,589
Total Master Trust investments	1,378,007	-	-	1,512,852	2,890,859
Other investments:					
Collective trust funds	-	-	-	6,898	6,898
Mutual funds	4,081	-	-	-	4,081
Money market	257	-	-	-	257
Total other investments	4,338	-	-	6,898	11,236
Total investments at fair value	\$ 1,382,345	\$ -	\$ -	\$ 1,519,750	\$ 2,902,095

December 31, 2018	Investments at Fair Value				
	Level 1	Level 2	Level 3	NAV	Total
Master Trust investments:					
Collective trust funds	\$ -	\$ -	\$ -	\$ 1,408,655	\$ 1,408,655
Mutual funds	919,411	-	-	-	919,411
Money market	825	-	-	-	825
Total Master Trust investments	920,236	-	-	1,408,655	2,328,891
Other Investments:					
Collective trust funds	-	-	-	5,409	5,409
Mutual funds	3,488	-	-	-	3,488
Money market	355	-	-	-	355
Total other investments	3,843	-	-	5,409	9,252
Total investments at fair value	\$ 924,079	\$ -	\$ -	\$ 1,414,064	\$ 2,338,143

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

The determination of where an asset falls in the hierarchy requires significant judgment. The Plan evaluates its hierarchy disclosures each year and changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. However, the Plan expects changes in classifications between levels will be rare. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2019 and 2018, there were no transfers in or out of Levels 1, 2 or 3.

NOTE 7 - INVESTMENTS AT CONTRACT VALUE

The GSAM Stable Value Trust Fund (Income Fund) is a conservative fixed income separately managed portfolio that seeks to provide a stable rate of return with preservation of principal and liquidity as primary objectives. The underlying investments are comprised of high quality, fixed income securities held in various collective trusts and a pooled separate account that are “wrapped” by synthetic investment contracts issued by high quality financial institutions and an insurance company and a money market fund held for liquidity purposes. Contract value is the relevant measurement attribute as these investment contracts are fully benefit-responsive. Contract value represents contributions plus earnings, less participant withdrawals and administrative expenses. Under the terms of the contracts, the crediting interest rates are rates negotiated by ABB with the issuers. Certain events, which are referred to as “market value events,” may limit the ability of the stable value fund to realize the contract value of investment contracts and may, therefore, result in payments to participants that reflect fair value rather than contract value. Such events include, but are not limited to, certain amendments to the Plan documents or the Income Fund’s investment guidelines not approved by issuers of investment contracts, failure to comply with certain contract provisions, complete or partial plan termination or merger with another plan, suspension or substantial reduction of Plan sponsor contributions to the Plan, debt default by the Plan sponsor, bankruptcy of the Plan sponsor or other Plan sponsor events that could cause substantial withdrawals from the Plan or the Income Fund, failure of the Master Trust which holds the assets of the Plan to qualify for exemption from federal income taxes, and the occurrence of certain prohibited transactions under ERISA. The Plan administrator does not believe that any events that have occurred to date constitute market value events. The Plan and Master Trust may terminate the investment in the Income Fund upon election and 10 days’ notice.

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Plan investments are offered through Merrill Lynch, Pierce, Fenner, and Smith Incorporated (Merrill Lynch) a wholly owned subsidiary of Bank of America Corporation. Bank of America, N.A. is the trustee and Merrill Lynch is the recordkeeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, notes receivable from participants’ transaction are also considered party-in-interest transactions.

Merrill Lynch provides certain recordkeeping services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Merrill Lynch. Merrill Lynch receives revenue from certain mutual fund and collective trust fund service providers for services Merrill Lynch provides to the funds. This revenue is returned to the Plan and allocated back to participants that were invested in the fund(s) that generated the revenue.

Plan administrative expenses are charged directly to Plan participants on a quarterly basis. The Plan or Company may make a payment to Merrill Lynch for administrative expenses not covered by amounts charged directly to Plan participants.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

NOTE 9 - CONTINGENCIES

On December 29, 2006, Plaintiffs in Ronald Tussey, et al., v. ABB Inc., et al. (Tussey Case), filed a complaint in the United States District Court for the Western District of Missouri, for themselves and all participants in the Personal Retirement Investment and Savings Management Plan for Employees of ABB Inc. (now called ABB Inc. Retirement Savings Plan) and the Personal Retirement Investment and Savings Management Plan for Certain Represented Employees of ABB Inc. (the Plans), alleging breach of ERISA fiduciary duties against certain ABB defendants and against Fidelity Management Trust Company and Fidelity Management & Research Company, which provided administrative and recordkeeping services to the Plans. Specifically, the Plaintiffs claimed that the fees and expenses paid by the Plans to Fidelity were unreasonable and excessive, not incurred solely for the benefit of the Plans, and undisclosed to the participants and that the ABB defendants had breached their fiduciary discretion by removing the Wellington Fund investment option from the Plans and by mapping the assets of that Fund to Fidelity target dated funds.

On March 19, 2019, the ABB defendants settled the complaint in the matter known as Tussey v. ABB with a net settlement amount of \$55 million less any attorneys' fees and costs paid to class counsel. The settlement funds were held by the settlement administrator pending distribution in accordance with the terms of the settlement agreement.

In February 2020, \$10 million was contributed to the Plan and distributed in accordance with the settlement agreement and is recorded as settlement proceeds on the Statement of Changes in Net Assets. The settlement funds were subsequently allocated to the accounts of impacted participants in accordance with the amounts calculated by the settlement administrator.

NOTE 10 - PROHIBITED TRANSACTIONS

The company failed to remit certain employee contributions and loan payments totaling \$53 to the Plan's Trustee within the period prescribed by Department of Labor regulations. Delays in remitting contributions and loan payments were due to administrative errors. The Company made correcting contributions to the affected participants' accounts to compensate those participants for their lost earnings due to the delays.

NOTE 11 - SUBSEQUENT EVENTS

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad impact on financial markets throughout the world. Due to the current economic volatility, and the amount of time and judgment involved in our valuation processes, it is impractical to quantify the estimated impact on the fair value of the Plan's investments. However, we believe the recent volatility in the market has resulted in a material decrease in the fair value of the Plan's investments since December 31, 2019.

On March 27, 2020, in response to COVID-19, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law. The CARES Act permits qualified Plan participants to withdraw penalty free distributions of up to \$100 during 2020, increases the loan limits to the lesser of 100% of the vested balance of \$100 and allows for certain participant loan repayments to be delayed up to one year, and waives the required minimum distributions for 2020. The Plan administrator has elected to adopt these provisions of the CARES Act and will amend the Plan pursuant to the regulations.

ABB Inc. Retirement Savings Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2019 and 2018

(amounts in thousands)

Effective January 1, 2020 and in connection with the divestiture of ABB Enterprise Software Inc. on or about July 1, 2020, to form a joint venture with Hitachi, Ltd., the Plan was amended and restated to reflect the exclusion of ABB Enterprise Software Inc. employees effective January 1, 2020. ABB Enterprise Software Inc. ceased to be a participating employer under the Plan and its employees were no longer eligible to participate in the Plan as of January 1, 2020.

Also effective January 1, 2020, the assets and liabilities for Plan participants who were employees of ABB Enterprise Software Inc. were transferred to the newly established ABB Enterprise Software Inc. Retirement Savings Plan, a participating plan in the ABB Inc. Defined Contribution Plans Master Trust. The transfer of participant accounts related to the spin-off resulted in a reduction of assets in the Plan of \$499 million.

In connection with the recordkeeper change effective January 1, 2021, ABB intends to terminate the ABB Inc. Defined Contribution Plans Master Trust at Bank of America N.A. and move the plan assets to Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company as directed trustee for the Plan.

Management evaluated subsequent events for the Plan through October 14, 2020, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

ABB Inc. Retirement Savings Plan

SCHEDULE H, LINE 4(a) - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

For the Year Ended December 31, 2019

Total that Constitutes Nonexempt Prohibited Transactions							Total Fully Corrected Under VFCP and PTE 2002-51	
Check here if late participant loan repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP					
2019 Participant Contributions transferred late to the Plan	\$ -	\$ 52,616	\$ -				\$ -	

ABB Inc. Retirement Savings Plan

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2019

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Other investments				
	Money Market			
	BlackRock Institutional Trust	Blackrock Liquidity Fd T Instl	**	\$ 257,102
		Total Money Markets		\$ 257,102
	Mutual Funds			
	Vanguard	Vanguard Primecap Fund Investor Shares	**	1,968,014
	Dodge & Cox	Dodge & Cox International St	**	455,167
	Vanguard	Vanguard Equity Income Cl Adm	**	814,812
	Hartford Mutual Funds	Hartford Smallcap Growth Ia	**	790,767
	Alliance Bernstein	Ab Global Bond Fund I	**	51,733
		Total Mutual Funds		4,080,493
	Collective Trusts			
	Vanguard	Vanguard Target Ret Inc Tr Plu	**	476,887
	Vanguard	Vanguard Target Retirement 2015 Fund	**	208,806
	Vanguard	Vanguard Target Retirement 2020 Fund	**	614,306
	Vanguard	Vanguard Target Retirement 2025 Fund	**	1,085,136
	Vanguard	Vanguard Target Retirement 2030 Fund	**	447,403
	Vanguard	Vanguard Target Retirement 2035 Fund	**	553,819
	Vanguard	Vanguard Target Retirement 2040 Fund	**	636,957
	Vanguard	Vanguard Target Retirement 2045 Fund	**	630,869
	Vanguard	Vanguard Target Retirement 2050 Fund	**	221,357
	Vanguard	Vanguard Target Retirement 2055 Fund	**	209,246
	Vanguard	Vanguard Target Retirement 2060 Fund	**	137,348
	State Street Global Advisors	State Street Russell Sml/Mid C	**	250,484
	BlackRock Institutional Trust	Blackrock Equity Ind Non-Led M	**	606,755
	BlackRock Institutional Trust	Blackrock Us Debt Idx Nonled M	**	745,881
	BlackRock Institutional Trust	Blackrock Msci Acwi Exus Cl R	**	72,960
		Total collective trusts		6,898,214
	Total other investments			11,235,809
	Participant loans			
*	Participant loans, maturity dates to December 2029, and interest rates ranging from 4.25% to 10.5%		**	39,907,512
				\$ 51,143,321

* Party-in-interest

** Cost omitted as investments are fully participant directed

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABB Inc. Retirement Savings Plan
Plan Sponsor's Name: ABB Inc.

EIN: 36-3100018
PN: 302

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	0	0
	BLACKROCK EQUITY IND NON-LED M	COMMON / COLLECTIVE TRUSTS	179,772,231	250,842,753
	BLACKROCK MSCI ACWI EXUS CL R	COMMON / COLLECTIVE TRUSTS	37,298,145	42,640,461
	BLACKROCK US DEBT IDX NONLED M	COMMON / COLLECTIVE TRUSTS	111,817,953	123,251,828
	STATE STREET RUSSELL SML/MID C	COMMON / COLLECTIVE TRUSTS	139,007,387	188,276,548
	VANGUARD TARGET RET 2015 TR PL	COMMON / COLLECTIVE TRUSTS	19,212,034	22,554,539
	VANGUARD TARGET RET 2020 TR PL	COMMON / COLLECTIVE TRUSTS	93,388,028	112,610,343
	VANGUARD TARGET RET 2025 TR PL	COMMON / COLLECTIVE TRUSTS	148,987,583	177,814,852
	VANGUARD TARGET RET 2030 TR PL	COMMON / COLLECTIVE TRUSTS	139,048,336	167,209,920
	VANGUARD TARGET RET 2035 TR PL	COMMON / COLLECTIVE TRUSTS	111,218,925	132,823,812
	VANGUARD TARGET RET 2040 TR PL	COMMON / COLLECTIVE TRUSTS	78,806,523	94,779,052
	VANGUARD TARGET RET 2045 TR PL	COMMON / COLLECTIVE TRUSTS	62,028,038	74,886,700
	VANGUARD TARGET RET 2050 TR PL	COMMON / COLLECTIVE TRUSTS	45,913,141	55,400,553
	VANGUARD TARGET RET 2055 TR PL	COMMON / COLLECTIVE TRUSTS	29,041,252	34,417,024
	VANGUARD TARGET RET 2060 TR PL	COMMON / COLLECTIVE TRUSTS	12,851,156	14,824,332
	VANGUARD TARGET RET INC TR PLU	COMMON / COLLECTIVE TRUSTS	24,040,363	27,417,868
	LOAN FUND	LOANS	39,233,733	39,233,733
	BLACKROCK LIQUIDITY FD T INSTL	MONEY MARKET	1,423,138	1,423,138
	BLF FEDFUND	MONEY MARKET	491,411,413	491,411,413

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABB Inc. Retirement Savings Plan
Plan Sponsor's Name: ABB Inc.

EIN: 36-3100018
PN: 302

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	STABLE VALUE FUND	MONEY MARKET	424,654,656	424,654,644
	AB GLOBAL BOND FUND I	MUTUAL FUNDS	66,560,956	67,210,229
	DODGE & COX INTERNATIONAL ST	MUTUAL FUNDS	113,547,024	112,994,411
	HARTFORD SMALLCAP GROWTH IA	MUTUAL FUNDS	115,254,821	114,906,755
	VANGUARD EQUITY INCOME CL ADM	MUTUAL FUNDS	164,530,991	187,976,522
	VANGUARD PRIMECAP FUND	MUTUAL FUNDS	329,294,850	406,410,660
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	10,673	10,673
	UNINVESTED CASH	UNINVESTED CASH	33	33