

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>304</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1975</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>304</u>	1c Effective date of plan <u>12/01/1975</u>	
1b Three-digit plan number (PN) ▶	<u>304</u>				
1c Effective date of plan <u>12/01/1975</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-3100018</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>919-856-2360</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	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>	
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.	10/14/2021	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	2828
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	72
b Retired or separated participants receiving benefits.....		6b	458
c Other retired or separated participants entitled to future benefits		6c	701
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1231
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	133
f Total. Add lines 6d and 6e		6f	1364
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 1B 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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.	B Three-digit plan number (PN) ▶ 304
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ABB INC.	D Employer Identification Number (EIN) 36-3100018
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	90728206	
b	Actuarial value	2b	88386258	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	2246	64023711	64023711
b	For terminated vested participants.....	590	16988303	16988303
c	For active participants	0	0	0
d	Total.....	2836	81012014	81012014
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions		4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5	Effective interest rate	5	5.17 %	
6	Target normal cost.....	6	740000	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	10/13/2021
JOHN D. STEELE	Date
Type or print name of actuary	20-05326
WILLIS TOWERS WATSON US LLC	Most recent enrollment number
Firm name	203-326-5400
3001 SUMMER STREET FLOOR 5 STAMFORD, CT 06905	Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14830916	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	380000	0
9 Amount remaining (line 7 minus line 8)	14450916	0
10 Interest on line 9 using prior year's actual return of <u>16.06</u> %	2320817	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	9400000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7371733	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.00 %
15 Adjusted funding target attainment percentage	15	109.10 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	108.72 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2021	1800000	0			
Totals ▶			18(b)	1800000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1665648

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	740000	
b Excess assets, if applicable, but not greater than line 31a	31b	2511	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	737489	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	737489	0	737489
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1665648	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1665648	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	737489	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.	B Three-digit plan number (PN) ▶	304
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)
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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
HARBOURVEST 2007 DIRECT ASSOCIATES
77-0678213

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS LP
74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS V-PARTNERSHIP
55-0897492

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS VI-PARTNERSHIP
04-3464297

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

OAKTREE CAPITAL MANAGEMENT LP

26-0189082

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

TRILANTIC CAPITAL MANAGEMENT LLC

26-4600829

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

WELLINGTON TRUST COMPANY NA

04-2755549

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

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

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)

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 64 50	NONE	72512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	36377	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIS TOWERS WATSON

53-0181291

(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?
11 17 50	NONE	36005	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)

INVESCO EMERGING MKTS EQUITY FUND

51-0423349

(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?
27 28 51	NONE	33062	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(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?
27 28 51 52	NONE	31589	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PIMCO

33-0629048

(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?
27 28 51 52	NONE	31241	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

GRANT THORNTON

36-6055558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABB BUSINESS SERVICES

36-3100018

(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?
27 50	PLAN SPONSOR	17925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN INV. ADVISORS LLC

02-0654486

(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?
27 28 51 52	NONE	17431	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PARETO INVESTMENT MANAGEMENT LTD

98-0437330

(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?
27 28 51	NONE	12141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MUZINICH & CO., INC.

13-3472632

(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?
27 28 51	NONE	8373	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:

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
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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
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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
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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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(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 G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center; color:blue;">304</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	304		
B Three-digit plan number (PN) ►	304				
C Plan sponsor's name as shown on line 2a of Form 5500 ABB INC.	D Employer Identification Number (EIN) 36-3100018				

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
---------------	--

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
ABB INC.	PLAN SPONSOR	USE OF PLAN ASSETS FOR ADMINISTRATIVE EXPENSES			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
				22368	

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.</u>	B Three-digit plan number (PN) ►	304
C Plan 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	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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	01800000
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	02905269
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(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)	9077356788456327
(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)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	90773567 93161596
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	73151 63661
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	73151 63661
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	90700416 93097935

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1800000
	(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)	1800000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(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)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(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)		6617223
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8417223

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7508701	
(2) To insurance carriers for the provision of benefits	2e(2)	51428794	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		58937495
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	54478	
(2) Contract administrator fees	2i(2)	74979	
(3) Investment advisory and management fees	2i(3)	138343	
(4) Other.....	2i(4)	144378	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		412178
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		59349673

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-50932450
l Transfers of assets:			
(1) To this plan.....	2l(1)		53329969
(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: 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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		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.)			
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.)			
4d	X		22368
e Was this plan covered by a fidelity bond?			
4e	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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.)			
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.)			
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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 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 <u>4310555</u> .			

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.</div>	<div>B Three-digit plan number (PN) ▶ 304</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 ABB INC.</div>	<div>D Employer Identification Number (EIN) 36-3100018</div>

Part I	Distributions
--------	---------------

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3192613</div>		
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	<div>8</div>

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☒ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☒ N/A</div>

Part III	Amendments
----------	------------

<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☒ No</div>
--	---

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 24.0 % Investment-Grade Debt: 41.0 % High-Yield Debt: 14.0 % Real Estate: 0.0 % Other: 21.0 %

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

**Pension Plan for Hourly Employees of
ABB Inc.**

December 31, 2020 and 2019

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
Pension Plan for Hourly Employees of ABB Inc.

Report on the financial statements

We were engaged to audit the accompanying financial statements of Pension Plan for Hourly Employees of ABB Inc. (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, the statements of accumulated plan benefits as of December 31, 2020 and 2019, and the related statements of changes in accumulated plan benefits for the years ended December 31, 2020 and 2019, 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 5, 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, 2020 and 2019, and for the years ended December 31, 2020 and 2019, 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 G, part III – schedule of nonexempt transactions for the year ended December 31, 2020 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 schedule.

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 schedule, other than that derived from the certified information described in Note 5, 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.



Raleigh, North Carolina
October 8, 2021

Pension Plan for Hourly Employees of ABB Inc.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2020	2019
ASSETS		
Interest in the ABB Inc. Master Trust, at fair value	\$ 88,456,327	\$ 90,773,567
Employer contributions receivable	1,800,000	-
Annuity premium refund receivable	2,905,269	-
Total assets	93,161,596	90,773,567
LIABILITIES		
Accrued expenses	63,661	73,151
Total liabilities	63,661	73,151
NET ASSETS AVAILABLE FOR BENEFITS	\$ 93,097,935	\$ 90,700,416

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

Pension Plan for Hourly Employees of ABB Inc.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2020</u>	<u>2019</u>
Additions to (deductions from) net assets attributed to:		
Plan interest in net investment gain (loss) of the ABB Inc. Master Trust	\$ 6,617,223	\$ 13,563,169
Employer contributions	1,800,000	-
Purchase of annuities to settle certain plan liabilities	(51,428,794)	-
Transfers from other ABB pension plans	53,329,969	-
Benefits paid to participants	(7,508,701)	(7,884,708)
Administrative and other expenses	<u>(412,178)</u>	<u>(935,808)</u>
NET INCREASE	2,397,519	4,742,653
Net assets available for benefits:		
Beginning of year	<u>90,700,416</u>	<u>85,957,763</u>
End of year	<u><u>\$ 93,097,935</u></u>	<u><u>\$ 90,700,416</u></u>

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

Pension Plan for Hourly Employees of ABB Inc.

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31,

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 67,007,760	\$ 73,882,459
Other participants	<u>39,988,235</u>	<u>17,971,672</u>
Total vested benefits	<u>106,995,995</u>	<u>91,854,131</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 106,995,995</u>	<u>\$ 91,854,131</u>

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

Pension Plan for Hourly Employees of ABB Inc.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

Years ended December 31,

	2020	2019
	<hr/>	<hr/>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 91,854,131	\$ 89,027,626
Increase (decrease) during the year attributable to		
Benefits accumulated and plan experience	525,706	771,107
Changes in actuarial assumptions	4,486,382	6,739,234
Increase for interest due to decrease in discount period	1,895,916	3,200,872
Purchase of annuities to settle certain plan liabilities	(54,334,063)	-
Transfers from other ABB pension plans	70,076,624	-
Benefits paid	<u>(7,508,701)</u>	<u>(7,884,708)</u>
NET INCREASE	<hr/> 15,141,864 <hr/>	<hr/> 2,826,505 <hr/>
Actuarial present value of accumulated plan benefits, end of year	<hr/> \$ 106,995,995 <hr/>	<hr/> \$ 91,854,131 <hr/>

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

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 1 - PLAN DESCRIPTION

The Pension Plan for Hourly Employees of ABB Inc. (the Plan) is a defined benefit plan with all contributions being made by ABB Inc. (the Company or Employer). Vesting occurs after five years of service at which time an employee is 100% vested. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective January 1, 2001, no new participants were eligible to participate in the Plan. A description of the Plan, including vesting and benefit payment provisions, is included in the Plan document. The Plan offers multiple options for payment including, lump sum and various annuity options for participants, which have satisfied the vesting requirements under the Plan. A participant who attains age 70½ will commence his or her benefit no later than the April 1 of the calendar year, following calendar year in which he or she retires or turns 70½, whichever is later. The age at which commencement begins changed from 70½ to 72 years of age on January 1, 2020.

This plan contains all inactive participants who are fully vested.

Effective December 31, 2020, the ABB Inc. Pension Plan for Employees of the Process Analytics Division of the ABB Inc. was merged into the Plan. The transfer increased net assets available for benefits at December 31, 2020 by \$11,446,670 and increased the net actuarial present value of accumulated plan benefits as of December 31, 2020 by \$14,517,656.

Effective December 31, 2020, the ABB Inc. Pension Plan (UE 625 and 626) was merged into the Plan. The transfer increased net assets available for benefits at December 31, 2020 by \$34,687,412 and increased the net actuarial present value of accumulated plan benefits as of December 31, 2020 by \$46,861,400.

Effective December 31, 2020, the Crystal Springs Plant Kuhlman Electric Corporation Retirement Income Plan was merged into the Plan. The transfer increased net assets available for benefits at December 31, 2020 by \$7,195,887 and increased the net actuarial present value of accumulated plan benefits as of December 31, 2020 by \$8,697,568.

Annuity Purchase

On September 24, 2020, the Plan transferred certain retirees who were receiving benefits from the Plan to MassMutual. The Plan purchased an annuity contract from the insurer, valued at \$54,334,063 to pay the same benefits to those transferred participants that were in effect before the transaction. As a result of this transaction, the net assets of the Plan and actuarial present value of the accumulated plan benefits were reduced by \$54,334,063 for the year ended December 31, 2020. Subsequent to December 31, 2020, the Plan received an annuity premium refund of \$2,905,269. This amount has been reflected in the statement of net assets as an annuity premium refund receivable at December 31, 2020 and in the statement of change in net assets as a reduction to the annuity purchase amount.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Recent Accounting Pronouncement

In July 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-09, *Codification Improvements*, which made changes to a variety of topics, to clarify, correct errors in, or make minor improvements to the Accounting Standards Codification (ASC). The amendments in the ASU were effective for the Plan's fiscal year beginning after December 15, 2019, with early adoption

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

permitted. Entities are required to adopt the guidance retrospectively to all periods presented. The Plan adopted the updated provisions in these financial statements. The adoption of such provisions did not have a material impact on the financial statements and related disclosures.

In August 2018, FASB issued ASU 2018-13, *Fair Value Measurement - Disclosure Framework* (Topic 820). The updated guidance improves the disclosure requirements for fair value measurements. The updated guidance was effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The Plan adopted the updated provisions in these financial statements. The adoption of such provisions did not have a material impact on the financial statements and related disclosures.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Funding Policy

The Company shall make contributions to the Plan as shall be necessary under accepted actuarial principles to meet the requirements of ERISA. Employer contributions are based on an actuarial determination which provides for funding (a) the annual normal cost for the current year and (b) an amount necessary to amortize the unfunded accrued liability.

It is the Company's intention to only make contributions that are tax deductible. For each of the years ended December 31, 2020 and 2019, the Plan has satisfied the minimum funding requirements of ERISA.

Valuation of Investments and Income Recognition

The assets of the Plan are held in the ABB Inc. Master Trust (Master Trust), along with the assets of certain other plans of the Company. BNY Mellon (the Trustee) is the Trustee of the Master Trust.

Income, including realized and unrealized gains and losses, of the Master Trust is allocated monthly among participating plans based on the relationship of the fair value of the assets of each plan to the total fair value of the assets of the Master Trust as of the end of the preceding month. Employer contributions and benefit payments are applied on a specific basis to each plan.

Assets of the Master Trust are stated at fair value which, as used for financial statement purposes, represents market or current value as reported by the Master Trust's Trustee (see Note 6). The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses.

Investment transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

The Plan's expenses are paid either by the Plan, Master Trust, or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements.

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net investment gain or loss of the Master Trust presented in the accompanying statements of changes in net assets available for benefits.

Securities Lending

As of and for the years ended December 31, 2020 and 2019, the Master Trust participated in the BNY Mellon's securities lending program for securities held in custody at the Trustee. These securities are loaned to certain unrelated third-party brokers in exchange for collateral, usually in the form of cash. Collateralization levels are equal to a percentage of the market value of the borrowed securities. For U.S. securities, collateral shall not be less than 102% of the fair value of the loaned securities, and for non-U.S. securities, collateral shall not be less than 105% of the fair value of the loaned securities unless it is denominated in the same currency as the collateral, in which case it will be 102% of the fair value. Collateral received is invested in overnight cash deposits and U.S. government securities managed by BNY Mellon. The value of loaned securities in the Master Trust amounted to approximately \$21,335,000 and \$7,948,000 at December 31, 2020 and 2019, respectively. The realized gain from securities lending activities of \$22,000 and \$24,000 for the years ended December 31, 2020 and 2019, respectively, is included as a component of the net appreciation (depreciation) in fair value of investments in Note 4.

Derivatives

The Plan (through the Master Trust) may enter into foreign currency forward exchange contracts primarily to hedge against foreign currency exchange rate risks on its non-U.S. dollar denominated investment securities. When entering into a forward currency contract, the Plan agrees to receive or deliver a fixed quantity of foreign currency for an agreed-upon price on an agreed future date. The Plan's net equity therein, representing unrealized gain or loss on the contracts, as measured by the difference between the forward foreign exchanges rates at the dates of entry in the contracts and the forward rates at the reporting date is included in the Master Trust's net assets. Realized and unrealized gains and losses are included in the Master Trust's net investment gain (loss). These instruments involve market risk, credit risk or both kinds of risks in excess of the amount recognized in the statement of net assets. Risks arise from the possible inability of counterparties to meet the terms of their contracts and movement in currency and securities values and interest rates.

At December 31, 2020 and 2019, the Master Trust had the following foreign currency forward exchange contracts:

Fair Value of Outstanding Forward Contracts								
As of December 31, 2020								
Counterparty Allocation of Unrealized Profit (Loss)		Maturity Date	Total	CHF	EUR	GBP	JPY	HKD
Australia and New Zealand Banking Group	ANZ	15-Feb-21	(USD 22,445)	USD 0	USD 0	USD 0	(USD 22,473)	USD 28
Citibank NA	CTL	15-Feb-21	(USD 218,768)	USD 0	218,768	USD 0	USD 0	USD 0
Goldman Sachs International	GSL	15-Feb-21	USD 2,630	USD 2,630	USD 0	USD 0	USD 0	USD 0
JP Morgan Chase	CML	15-Feb-21	(USD 12,844)	USD 0	12,844	USD 0	USD 0	USD 0
HSBC Bank plc	MDL	15-Feb-21	218,620	USD 0	218,616	USD 0	USD 0	(USD 4)
Royal Bank of Canada	RBL	15-Feb-21	(USD 323,777)	38,050	USD 0	285,727	USD 0	USD 0
Westpac Banking Corporation	WPL	15-Feb-21	USD 115,236	USD 9,654	86,257	USD 0	USD 19,325	USD 0
Total fair value of forward contracts as of December 31, 2020			(USD 678,588)	(USD 25,766)	(USD 363,971)	(USD 285,727)	(USD 3,148)	USD 24

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

Fair Value of Outstanding Forward Contracts								
As of December 31, 2019								
Counterparty Allocation of Unrealized Profit (Loss)		Maturity Date	Total	CHF	EUR	GBP	JPY	HKD
Australia and New Zealand Banking Group	ANZ	15-Feb-20	(USD 1,198)	USD 0	USD 0	USD 0	USD 0	(USD 1,198)
			(USD			(USD		
Citibank NA	CTL	15-Feb-20	44,306)	USD 0	USD 0	44,306)	USD 0	USD 0
Goldman Sachs International	GSL	15-Feb-20	(USD 367)	(USD 367)	USD 0	USD 0	USD 0	USD 0
			(USD			(USD		
JP Morgan Chase	CML	15-Feb-20	160,670)	USD 0	134,242)	26,728)	USD 0	USD
			(USD			(USD		
HSBC Bank plc	MDL	15-Feb-20	256,457)	USD 7,494	USD 0	263,951)	USD 0	USD 0
			(USD			(USD		
Royal Bank of Canada	RBL	15-Feb-20	54,204)	USD 0	53,131)	USD 0	USD 0	(USD 1,073)
			(USD			(USD		
Westpac Banking Corporation	WPL	15-Feb-20	171,436)	98,299)	134,388)	USD 64,131	(USD 2,880)	USD 0
			(USD			(USD		
Total fair value of forward contracts as of December 31, 2019			(USD 688,638)	(USD 91,172)	(USD 321,761)	(USD 270,554)	(USD 2,880)	(USD 2,271)

The fair value of the foreign currency forward exchange contracts, none of which are accounted for as hedge instruments under FASB ASC 815, *Derivatives and Hedging*, are included in the Master Trust's net assets under state and foreign bonds. The realized gain (loss) from foreign currency forward exchange contracts of (\$4,521,000) and \$755,000 for the years ended December 31, 2020 and 2019, respectively, is included as a component of the net appreciation (depreciation) in fair value of investments in Note 4.

The Master Trust may be required to post collateral on derivatives if the Master Trust is in a net liability position with the counterparty exceeding certain amounts. Additionally, counterparties may immediately terminate derivatives contracts if the Master Trust fails to maintain sufficient asset coverage for its contracts or its net assets decline by stated percentages.

Master Netting Agreements

The Master Trust is subject to master netting agreements, or netting arrangements, with certain counterparties. These agreements govern the terms of certain transactions and reduce the counterparty risk associated with relevant transactions by specifying offsetting mechanisms and collateral posting arrangements at pre-arranged exposure levels. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different master netting arrangement, possibly resulting in the need for multiple agreements with a single counterparty. Master netting agreements are specific to each different asset type; therefore, they allow the Company to close out and net its total exposure to a specified counterparty in the event of a default with respect to any and all the transactions governed under a single agreement with the counterparty.

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following is a summary by counterparty of the Master Trust's net exposure to derivative assets and liabilities, available for offset and net of collateral under a netting agreement at December 31, 2020 and 2019.

As of December 31, 2020:

<u>Derivative Type</u>	<u>Fair Value of Derivative Assets</u>	<u>Fair Value of Derivative Liabilities</u>	<u>Net Exposure</u>
Foreign Currency Contracts			
Australia and New Zealand Banking Group	\$ 28	\$ (22,473)	\$ (22,445)
Citibank NA	-	(218,768)	(218,768)
Goldman Sachs International	2,630	-	2,630
HSBC Bank USA	-	(218,620)	(218,620)
JPMorgan Chase	-	(12,844)	(12,844)
Royal Bank of Canada	-	(323,777)	(323,777)
Westpac Banking Corporation	115,236	-	115,236
Total	<u>\$ 117,894</u>	<u>\$ (796,482)</u>	<u>\$ (678,588)</u>

As of December 31, 2019:

<u>Derivative Type</u>	<u>Fair Value of Derivative Assets</u>	<u>Fair Value of Derivative Liabilities</u>	<u>Net Exposure</u>
Foreign Currency Contracts			
Australia and New Zealand Banking Group	\$ -	\$ (1,198)	\$ (1,198)
Citibank NA	-	(44,306)	(44,306)
Goldman Sachs International	-	(367)	(367)
HSBC Bank plc	7,494	(263,951)	(256,457)
JPMorgan Chase	-	(160,671)	(160,171)
Royal Bank of Canada	-	(54,204)	(54,204)
Westpac Banking Corporation	64,131	(235,566)	(171,435)
Total	<u>\$ 71,625</u>	<u>\$ (760,263)</u>	<u>\$ (688,638)</u>

Investment Risk

The Master Trust provides for investments that are exposed to risks such as interest rate, credit and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is possible that changes in the value of investment securities may occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Risks and Uncertainties

The 2019 novel coronavirus (or COVID-19) has affected, and may continue to affect, economic activity globally, nationally, and locally. Following the COVID-19 outbreak, the Plan experienced an increase in volatility in the fair value of the investments within the Plan. These economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and funded status cannot be predicted at this time.

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events

Management evaluated subsequent events for the Plan through October 8, 2021, the date the financial statements were available to be issued.

NOTE 3 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or other beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019, was determined by the Plan's actuary, Willis Towers Watson & Company (formerly known as Towers Watson & Company), using employee data supplied by the Company as of January 1, 2020 and 2019, and projected to the respective valuation date, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for events such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial cost method used to determine the actuarial present value of accumulated plan benefits is the unit credit method.

A summary of the significant actuarial assumptions underlying the actuarial valuations as of December 31, 2020 and 2019 are as follows:

Mortality - 2020: Based on the Retirement Plans - Collar specific Pri-2012 Mortality Table with Scale MP 2020 generational projection split between annuitants and non-annuitants and sex distinct.

Mortality - 2019: Based on the Retirement Plans - Collar specific Pri-2012 Mortality Table with Scale MP 2019 generational projection split between annuitants and non-annuitants and sex distinct.

Interest: The assumed interest rates utilized to calculate accumulated plan benefits at December 31, 2020 and 2019 were 2.56% and 3.10%, respectively.

Retirement Age - 2020 and 2019: Age 55 for terminated vested participants with account balances. Age 65 for other terminated vested participants and the following chart of rates applies for active employees:

The \$4,486,000 change in actuarial assumptions for the year ended December 31, 2020, was due to a decrease in the interest rate to 2.56% and a change in the mortality table. The \$6,739,000 change in actuarial assumptions for the year ended December 31, 2019, was due to a decrease in the interest rate to 3.10% and a change in the mortality table.

Pension Plan for Hourly Employees of ABB Inc.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 4 - ABB INC. MASTER TRUST

The Plan's investments are held in the Master Trust, which is a master trust established for the investment of the assets of the Plan and other company-sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust.

The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust.

At December 31, 2020 and 2019, the Plan had a 9.7% and 7.0% interest in the net assets of the Master Trust, respectively.

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following table presents the net assets for the Master Trust and the Plan's interest in the Master Trust as of December 31, 2020 and 2019:

	December 31, 2020		December 31, 2019	
	Master Trust	Plan Interest	Master Trust	Plan Interest
Assets				
Investments				
Interest-bearing cash	\$ -	\$ -	\$ 1,570,000	\$ 109,164
U.S. government securities	111,685,728	10,779,851	208,951,972	14,528,627
Corporate bonds	420,970,440	40,631,858	509,157,491	35,402,199
Corporate stock - preferred	2,735,724	264,051	5,492,499	381,899
Corporate stock - common	502,632	48,514	262,844	18,276
Partnership/joint venture interests	100,641,837	9,713,900	147,339,058	10,244,623
State and foreign bonds	8,258,305	797,087	20,782,179	1,445,004
Collective trusts	268,027,190	25,869,852	365,243,770	25,395,742
103-12 investment entities	82,699	7,982	101,551	7,061
Registered investment companies	-	-	89,524,190	6,224,701
Short-term investments	-	-	-	-
Collateral held under securities lending agreement	21,780,487	2,102,242	8,136,524	565,740
Total investments	934,685,042	90,215,337	1,356,562,078	94,323,036
Receivables				
Interest receivables	3,390,707	327,269	5,986,510	416,248
Receivable for investments sold	239,889	23,154	49,672,519	3,453,777
Total assets	938,315,637	90,565,760	1,412,221,107	98,193,060
Liabilities				
Payable for investment purchased	74,514	7,192	98,571,272	6,853,753
Obligation to return securities lending collateral	21,780,487	2,102,241	8,136,525	565,740
Total liabilities	21,885,001	2,109,433	106,707,797	7,419,493
Net assets	<u>\$ 916,460,637</u>	<u>\$ 88,456,327</u>	<u>\$ 1,305,513,310</u>	<u>\$ 90,773,567</u>

Investment income (loss) of the Master Trust is as follows:

For the Years Ended December 31,	2020	2019
Net appreciation (depreciation) in fair value of investments	\$ 76,366,418	\$ 159,831,198
Interest	19,211,208	24,473,495
Dividends	6,028,177	11,317,499
Miscellaneous income	21,735	34,211
Net investment income (loss)	<u>\$ 101,627,538</u>	<u>\$ 195,656,403</u>

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

NOTE 5 - INVESTMENTS CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained certifications from BNY Mellon that all information relating to the Plan's interest in the Master Trust and the Master Trust's investments as of December 31, 2020 and 2019, is complete and accurate. In addition, the Plan's interest in the net investment income or loss of the Master Trust and the net investment income (loss) for the Master Trust for the years ended December 31, 2020 and 2019, was obtained or derived from the certified information. The information was not audited by independent certified public accountants except for comparing the information to the related information included in the financial statements and supplemental schedule.

NOTE 6 - FAIR VALUE MEASUREMENTS

Investments held by the Master Trust are stated at fair value. FASB ASC 820, *Fair Value Measurements and Disclosures*, requires enhanced disclosures about investments that are measured and reported at fair value. 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 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 Master Trust 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; and
- 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.

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.

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 management believes 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.

Pension Plan for Hourly Employees of ABB Inc.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

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, 2020 and 2019:

- Interest-bearing cash valued at Level 2 primarily consist of cash collateral deposits with clearing financial institutions.
- Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable section of issuers with similar credit ratings.
- State and foreign bonds valued at Level 1 are valued at the closing price reported on the active markets on which the individual securities are traded and securities valued at Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.
- U.S. government securities valued at Level 1 are valued at the closing price reported on the active markets on which the individual securities are traded and securities valued at Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.
- Corporate stocks valued at Level 1 are valued at the closing price reported on the active markets on which the individual securities are traded and securities valued at Level 2 are valued using closing price reported on the inactive market.
- Registered investment companies are valued at the net asset value (NAV), based on quoted market prices in active markets, of shares held by the Plan at year end.
- Collective trusts, partnership/joint venture interests, and 103-12 investment entities are valued at NAV as the practical expedient and reported by the respective fund managers is based upon the fair value of the underlying investments less liabilities.
- Short investments primarily consists of interest rate swaps which are valued using the income approach which takes into account contract terms as well as multiple inputs which may be observed in the marketplace.

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following table sets forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of December 31, 2020:

	Instruments at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy				
U.S. government securities	\$ 98,452,703	\$ 13,233,025	\$ -	\$ 111,685,728
Corporate bonds	-	420,970,440	-	420,970,440
Corporate stock - preferred	-	2,735,724	-	2,735,724
Corporate stock - common	502,632	-	-	502,632
State and foreign bonds	-	8,258,305	-	8,258,305
Collateral held under securities lending agreement	21,780,487	-	-	21,780,487
Total investments in fair value hierarchy	120,735,822	445,197,494	-	565,933,316
Investments measured at NAV				
Partnership/joint venture interests				100,641,837
Collective trusts				268,027,190
103-12 investment entities	-	-	-	82,699
Total investments measured at NAV	-	-	-	368,751,726
Total investments				<u>\$ 934,685,042</u>

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following table sets forth by level, within the fair value hierarchy, the Master Trust's financial instruments at fair value as of December 31, 2019:

	Instruments at Fair Value			
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy				
Interest-bearing cash	\$ -	\$ 1,570,000	\$ -	\$ 1,570,000
U.S. government securities	170,898,993	38,052,979	-	208,951,972
Corporate bonds	-	509,157,491	-	509,157,491
Corporate stock - preferred	-	5,492,499	-	5,492,499
Corporate stock - common	262,844	-	-	262,844
State and foreign bonds	74,051	20,708,128	-	20,782,179
Registered investment companies	89,524,190	-	-	89,524,190
Short investments	-	-	-	-
Collateral held under securities lending agreement	8,136,524	-	-	8,136,524
Total investments in fair value hierarchy	268,896,602	574,981,097	-	843,877,699
Investments measured at NAV				
Partnership/joint venture interests	-	-	-	147,339,058
Collective trusts	-	-	-	365,243,770
103-12 investment entities	-	-	-	101,551
Total investments measured at NAV	-	-	-	512,684,379
Total investments				<u>\$ 1,356,562,078</u>

In accordance with ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in Note 4.

There were no significant transfers among investment levels during the years ended December 31, 2020 and 2019.

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of December 31, 2020:

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Partnership/joint venture interests ^(a)	\$ 100,641,837	\$ -	Monthly	30-60 days
Collective trusts ^(b)	268,027,190	-	Monthly	31-60 days
103-12 investment entities ^(c)	82,699	-	N/A	N/A
	<u>\$ 368,751,726</u>	<u>\$ -</u>		

Pension Plan for Hourly Employees of ABB Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following table summarizes investments measured at fair value based on the NAV per share practical expedient as of December 31, 2019:

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Partnership/joint venture interests ^(a)	\$ 147,339,058	\$ -	Monthly	30-60 days
Collective trusts ^(b)	365,243,770	-	Monthly	31-60 days
103-12 investment entities ^(c)	<u>101,551</u>	<u>-</u>	N/A	N/A
	<u>\$ 512,684,379</u>	<u>\$ -</u>		

- (a) The partnership/joint venture interests investments are invested within alternative investments such as private equity and fund of funds. The investment objective of these investments is to achieve longer term growth of capital, which does so with limited liquidity. Within the limited partnerships, there is also a limited partnership that has an investment objective of seeking to outperform the S&P 500. This fund does require monthly notice to provide liquidity.
- (b) The collective trust investments include an international equity fund and emerging market fixed income bond fund. The investment objective of the international equity fund is to seek capital appreciation through investments in a portfolio of securities issued by companies predominantly in companies contained in the MSCI EAFE Index. The investment objective of the emerging market fixed income fund is to seek long-term total return through investment in a diversified portfolio of emerging markets debt securities and currency instruments. As of December 31, 2020, the value of international equity fund and emerging market fixed income fund in the Master Trust amounted to \$94,457,000 and \$173,570,000, respectively. As of December 31, 2019, the value of international equity fund and emerging market fixed income fund in the Master Trust amounted to \$133,866,000 and \$231,378,000, respectively.
- (c) The 103-12 investment entities are invested in alternative investments with specific requirements under ERISA. The investment objective of these investments is to achieve longer term growth of capital, which does so with limited liquidity.

NOTE 7 - PLAN TERMINATION

The Company expects to continue the Plan, but reserves the right to terminate the Plan or discontinue contributions subject to the provisions of ERISA.

In the event the Plan is terminated, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the following order to the extent of the sufficiency of such assets, or portions thereof:

First, to that portion of a participant's accrued benefit which is derived from mandatory contributions to the Plan;

Second, equally among benefits of participants in the following two subcategories;

- In the case of benefits in any pay status three years prior to termination (at the lowest pay level in that period and at the lowest benefit level under the Plan during the five years prior to termination); and

Pension Plan for Hourly Employees of ABB Inc.
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

- In the case of benefits which would have been in pay status three years prior to termination had the participants been retired (and their benefits commenced then), at the lowest benefit level under the Plan during the five years prior to termination.

Third, among all other benefits (if any) of participants under the Plan; guaranteed under the termination insurance provisions of ERISA;

Fourth, among all other nonforfeitable (i.e., uninsured and vested) benefits under the Plan; and

Fifth, among all other benefits under the Plan.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2020 and 2019, that ceiling, which remained unadjusted annually, was \$5,608 per month, respectively. Whether a particular participant's accumulated plan benefit will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty.

NOTE 8 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 20, 2015, 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, believe that the Plan is qualified, and the related trust is tax exempt.

U.S. GAAP requires 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. As of December 31, 2020 and 2019, 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.

NOTE 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's assets are invested in funds managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

NOTE 10 - PROHIBITED TRANSACTIONS

In 2020, management determined prohibited transactions occurred when the Master Trust paid amounts to an affiliate of the Plan Sponsor for employee services performed for the Plan for the years 2015 to 2019. The Plan Sponsor reimbursed the Master Trust for \$22,368 during 2020 and is taking all necessary corrective actions to ensure the Plan and Master Trust maintain its income tax status as described in Note 8 above.

SUPPLEMENTAL SCHEDULE

Pension Plan for Hourly Employees of ABB Inc.

SCHEDULE G, PART III - SCHEDULE OF NONEXEMPT TRANSACTIONS

Year ended December 31, 2020

(a) Identity of Party Involved	(b) Relationship to Plan, Employer, or Other Party in Interests	(c) Description of Transactions, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred in Connection Transaction	(h) Cost of Asset	(i) Value of Asset	(j) Net Gain or Loss on Each Transaction
ABB Inc.	Plan Sponsor	Use of plan assets for administrative expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,368	\$ -

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	3.64%	2.79%
Second segment rate	5.21%	3.92%
Third segment rate	5.94%	4.38%
Effective interest rate	5.17%	3.92%

Annual rates of increase

Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation and benefits	N/A

Plan-related expenses	\$740,000
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Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

Healthy Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Disabled Alternate disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination rates applicable to "sold" participants Representative termination rates not due to disability, retirement, or mortality are as follows:

Percentage Terminating During the Year	
Age	Rate
20	4.30%
30	2.70%
40	1.70%
50	1.10%
60	0.60%

Disability One-half of the disability rates in the twelfth valuation of the Railroad Retirement Board (set forward 1 year for males and set back 4 years for females).

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target (disregarding at-risk assumptions) the rates at which Non-Union Electromechanics "sold" participants, as well as all other "sold" participants with less than 30 years of vesting service, retire are shown below.

Percentage Retiring During the Year	
Age	Rate
55	10.00%
56 - 61	5.00%
62	20.00%
63 - 64	5.00%
65 - 69	50.00%
70	100.00%

All other "sold" participants with over 30 years of vesting service are assumed to retire at twice the rates shown above.

Benefit commencement date

Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55.
Deferred vested benefit	Age 65.
Disability benefit	Upon disablement.
Retirement benefit	Upon termination of employment.

Form of payment

Participants not yet in payment status are assumed to elect the normal form except former participants of Power T&D Represented Plan who are assumed to elect a lump sum benefit.

Percent married

For purposes of valuing the preretirement surviving spouse's benefits, 70% of eligible terminated vested participants are assumed to be married.

Spouse age

Wife three years younger than husband.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, plan-related expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> <p>For purposes of calculating the actuarial value of assets, expected earnings assumptions of 5.80% for 2019 and 2018 were used.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with ABB Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator (Alight), furnished participant data as of 1/1/2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

Please refer to the 1/1/2020 Pension Valuation Census Data Report for documentation of assumptions made for missing or apparently inconsistent data elements.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	Plan related expenses are estimated by considering the plan's actual administrative expenses paid from the trust during the prior year.
Assumed return for asset smoothing	The assumed return of 5.80% used for asset smoothing is the expected return on assets assumption chosen by the plan sponsor for the prior plan year and we concur with this assumption.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were selected based on a published table for pension participants believed to have similar characteristics to the plan population

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Disability	Disability rates were selected based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates were based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Percent married	The assumed percentage married was selected based on general population statistics on the marital rates of individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in the Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">■ The plan's effective interest rate decreased 15 basis points compared to the prior year (5.17% versus 5.32%).■ The assumed plan-related expenses added to the target normal cost was changed from \$380,000 for 2019 to \$740,000 for 2020.
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Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF ABB INC.	B Three-digit plan number (PN) ▶ 304
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ABB INC.	D Employer Identification Number (EIN) 36-3100018
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2020	
2 Assets:	
a Market value.....	2a 90,728,206
b Actuarial value.....	2b 88,386,258
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 2,246 (2) Vested Funding Target 64,023,711 (3) Total Funding Target 64,023,711
b For terminated vested participants	590 16,988,303 16,988,303
c For active participants.....	0 0 0
d Total.....	2,836 81,012,014 81,012,014
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 5.17%
6 Target normal cost.....	6 740,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	John D. Steele 	10/13/2021
	Signature of actuary	Date
John D. Steele	Type or print name of actuary	2005326
Willis Towers Watson US LLC	Firm name	Most recent enrollment number
		203-326-5400
		Telephone number (including area code)
3001 Summer Street		
Floor 5		
Stamford CT 06905	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14,830,916	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	380,000	0
9	Amount remaining (line 7 minus line 8)	14,450,916	0
10	Interest on line 9 using prior year's actual return of <u>16.06</u> %	2,320,817	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	9,400,000	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7,371,733	0

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	100.00%
15	Adjusted funding target attainment percentage.....	15	109.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	108.72%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

Contributions made to the plan relate primarily to employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2021	1,800,000	0				
			Totals ►	18(b)	1,800,000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1, 665, 648

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	740,000	
b Excess assets, if applicable, but not greater than line 31a	31b	2,511	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	737,489	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	737,489	0	737,489
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,665,648	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,665,648	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	737,489	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ABB Inc.
EIN/PN	36-3100018/304
Plan Name	Pension Plan for Hourly Employees of ABB Inc.
Valuation Date	January 1, 2020
Enrolled Actuary	John D Steele
Enrollment Number	20-05326

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

Average Age at Retirement

62

Current Retirement Rate Assumption¹

Non-Union Electromechanics Sold Participants, plus
All other Sold Participants with < 30 Years
of Vesting Service

All other Sold Participants with ≥ 30 Years
of Vesting Service

Age	Retirements by				Retirements			
	Rate	Lx	Age	Wtd Avg Age	Rate	Lx	by Age	Wtd Avg Age
55	10.00%	1.000000	0.100000	5.50	20.00%	1.000000	0.200000	11.00
56	5.00%	0.900000	0.045000	2.52	10.00%	0.800000	0.080000	4.48
57	5.00%	0.855000	0.042750	2.44	10.00%	0.720000	0.072000	4.10
58	5.00%	0.812250	0.040613	2.36	10.00%	0.648000	0.064800	3.76
59	5.00%	0.771638	0.038582	2.28	10.00%	0.583200	0.058320	3.44
60	5.00%	0.733056	0.036653	2.20	10.00%	0.524880	0.052488	3.15
61	5.00%	0.696403	0.034820	2.12	10.00%	0.472392	0.047239	2.88
62	20.00%	0.661583	0.132317	8.20	40.00%	0.425153	0.170061	10.54
63	5.00%	0.529266	0.026463	1.67	10.00%	0.255092	0.025509	1.61
64	5.00%	0.502803	0.025140	1.61	10.00%	0.229583	0.022958	1.47
65	50.00%	0.477663	0.238831	15.52	100.00%	0.206624	0.206624	13.43
66	50.00%	0.238831	0.119416	7.88	100.00%	0.000000	0.000000	0.00
67	50.00%	0.119416	0.059708	4.00	100.00%	0.000000	0.000000	0.00
68	50.00%	0.059708	0.029854	2.03	100.00%	0.000000	0.000000	0.00
69	50.00%	0.029854	0.014927	1.03	100.00%	0.000000	0.000000	0.00
70	100.00%	0.014927	0.014927	1.04	100.00%	0.000000	0.000000	0.00
				62.4				59.9

¹ The plan has no active participants, but has "sold" participants who are employees currently working at a purchasing company, and continue to accrue vesting service with ABB Inc.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
 EIN / PN: 36-3100018/304
 Plan Sponsor: ABB Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

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Interest rate basis	3-Segment Rates

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Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation and benefits	N/A

Plan-related expenses	\$740,000
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Plan Name: Pension Plan for Hourly Employees of ABB Inc.
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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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Form of payment

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Percent married

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Spouse age

Wife three years younger than husband.

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EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
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Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

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Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Disability	Disability rates were selected based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates were based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Percent married	The assumed percentage married was selected based on general population statistics on the marital rates of individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in the Statement of Actuarial Assumptions/Methods, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>In addition to the prescribed change in the mortality table, the following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">■ The plan's effective interest rate decreased 15 basis points compared to the prior year (5.17% versus 5.32%).■ The assumed plan-related expenses added to the target normal cost was changed from \$380,000 for 2019 to \$740,000 for 2020.
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Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2020:

- The assumed plan-related expenses added to the target normal cost was changed from \$380,000 for 2019 to \$740,000 for 2020.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was adopted on September 1, 1976 and amendments through January 1, 2020 are reflected in the plan provisions.

Sold Locations

The Williamsport location was sold and benefits frozen effective July 31, 2001. The Power T&D Athens location was sold and benefits frozen effective May 15, 2003. The Electro Mechanics location was sold and benefits frozen effective December 31, 2000. Accrued Benefits for these employees were determined as of these dates. Employees at these locations continue to accrue vesting service and eligibility service (if applicable).

Williamsport

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the attainment of age 65
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of benefit service or age 62 and completing ten years of benefit service.
Postponed retirement	Retirement after Normal Retirement Date
Disability	Permanent and total disability prior to Normal Retirement Date, following 10 years of benefit service
Death benefits	Death while eligible for normal, early, postponed, deferred vested retirement benefits or participants in retirement, with a surviving spouse

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	A monthly benefit of \$22.75 multiplied by years of benefit service.
Early retirement	A monthly benefit of \$22.75 multiplied by years of benefit service. The benefit will be reduced by 0.4% for each month that retirement precedes age 62, provided that there will be no reduction if the employee has 30 or more years of benefit service.
Disability	A monthly benefit of \$22.75 multiplied by years of benefit service to the date of disablement, payable without reduction after permanent and total disablement following 10 years of benefit service. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a federal Social Security benefit of disability or age.
Termination	Upon termination of employment after 5 years of vesting service, an employee will be entitled to his accrued benefit payable in full at age 65. The member may elect commencement on or after age 55 if he has 15 years of vesting service or on or after age 62 if he has at least 10 years of vesting service, payable in an actuarially reduced amount.
Death benefits	<p><u>Preretirement Death Benefit</u></p> <p>In the event of death of a vested employee prior to retirement, his surviving spouse will be entitled to 50% of the accrued benefit, reduced for the 50% joint and survivor option, the early retirement reduction, and the charge for coverage, as of the date of death, payable upon the later of the date of employee's death or early retirement age. There is a coverage charge for this benefit.</p> <p><u>Postretirement Death Benefit</u></p> <p>The retirement benefits described above based upon election of a straight life form of payment, plus the additional provision that if a retiree dies between ages 65 and 70, then the monthly benefits will continue until the retiree would have attained age 70. Actuarially equivalent optional forms are available.</p>

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Power T&D

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the attainment of age 65 with five years of service
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 58 and completing thirty years of eligibility service or age 60 and completing ten years of eligibility service.
Postponed retirement	Retirement after Normal Retirement Date
Preretirement death benefit	<u>Death Pension for Vested Participants</u> Five years of Eligibility Service but does not meet the eligibility of the Death Pension below. <u>Preretirement Death Pension</u> Active Participant age 50 with 15 years of Eligibility Service. Age 60 with 10 years of Eligibility Service, 25 years of Eligibility Service or eligible for normal retirement.
Early retirement supplement	Retirement before age 62 on Early Retirement

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The greater of the career average and the final average benefit.
Early retirement	<p>The benefit at age 60 and 10 years is the greater of (a) the career average benefit, reduced one-fourth of 1% for each month that the employee's early retirement date precedes his normal retirement date or (b) the final average benefit.</p> <p>In addition, the participant will get the supplemental career average benefit reduced by one-third of 1% for each month that the employee's early retirement date precedes his normal retirement date.</p> <p>When an employee retires at age 58 or later with 30 years of service, the benefit is equal to the greater of (a) the career average benefit or (b) the final average benefit; plus the supplemental career average benefit, the sum of which is reduced by one-third of 1% for each month that the employee's early retirement date precedes the first of the month after attaining age 60.</p> <p>An employee that has elected to receive their monthly pension payments as described above, but has died after payments have begun but before sixty (60) monthly payments have been paid, the balance of any such sixty payments shall be payable in a lump sum to a beneficiary named by the employee.</p>
Termination	Amount as in Normal/Early retirement benefit above accrued to Date of Termination. The benefit is deferred to early, selected or normal retirement based on Eligibility Service on the date of termination and reduced by one-half of 1% for each month the deferral date precedes normal retirement.

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Preretirement death

Death Pension for Vested Participants

Surviving spouse benefit equal to 50% of the Normal/Early retirement benefit described above based on Credited Service on the date of the participant's death. The benefit is deferred to the date that the participant would have attained age 60 and is reduced one-half of 1% for each month prior to normal retirement date if the participant had ten years of Eligibility service at death. Otherwise the benefit is deferred to the date the participant would have attained age 65. The benefit is further reduced by the table below:

Age Difference Between Employee and Surviving Spouse	Employee Older Than Surviving Spouse	Employee Younger Than Surviving Spouse
0 Years	92.5%	92.5%
1	92.0%	93.0%
2	91.5%	93.5%
3	91.0%	94.0%
Etc.	Decreasing by ½%	Increasing by ½% up to 100%

Preretirement Death Pension

Surviving spouse benefit equal to 55%, payable immediately, of the Normal/Early retirement benefit described above and further reduced by the table above.

Early retirement supplement

T&D Muncie

\$11.00 for each year of Credited Service as of date of retirement reduced by the Early Retirement Supplement payable from the prior plan; payable until the first of the month following the month in which the employee attains his 62nd birthday.

T&D Other Locations

\$10.00 for each year of Credited Service as of date of retirement reduced by the Early Retirement Supplement payable from the prior plan; payable until the first of the month following the month in which the employee attains his 62nd birthday.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Special Supplement

Any Athens employee represented by IBEW 2109 or AWEA who was hired by April 23, 1995 and retires within 3 months of becoming eligible for early retirement based on age 58 with 30 years of service shall receive a \$100 month supplement payable until age 62. Similarly, if he retires within 3 months of attaining age 60 with 25 years of service, he shall receive a \$200 monthly supplement payable until age 62.

Electro - Mechanics

Eligibility for Benefits

Early Retirement Eligibility Age 55 and 10 years.

Benefits Paid Upon the Following Events

Monthly Benefit

The accrued benefit, reduced three tenths of 1% for each month that the employee's early retirement date precedes his normal retirement date.

Inactive Locations

All other locations participating in this plan are inactive and have only retired and terminated vested participants. Benefits for these participants were provided with the census data.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ABB Inc.
EIN/PN	36-3100018/304
Plan Name	Pension Plan for Hourly Employees of ABB Inc.
Valuation Date	January 1, 2020
Enrolled Actuary	John D Steele
Enrollment Number	20-05326

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

Average Age at Retirement

62

Current Retirement Rate Assumption¹

Non-Union Electromechanics Sold Participants, plus
All other Sold Participants with < 30 Years
of Vesting Service

All other Sold Participants with ≥ 30 Years
of Vesting Service

Age	Retirements by				Retirements			
	Rate	Lx	Age	Wtd Avg Age	Rate	Lx	by Age	Wtd Avg Age
55	10.00%	1.000000	0.100000	5.50	20.00%	1.000000	0.200000	11.00
56	5.00%	0.900000	0.045000	2.52	10.00%	0.800000	0.080000	4.48
57	5.00%	0.855000	0.042750	2.44	10.00%	0.720000	0.072000	4.10
58	5.00%	0.812250	0.040613	2.36	10.00%	0.648000	0.064800	3.76
59	5.00%	0.771638	0.038582	2.28	10.00%	0.583200	0.058320	3.44
60	5.00%	0.733056	0.036653	2.20	10.00%	0.524880	0.052488	3.15
61	5.00%	0.696403	0.034820	2.12	10.00%	0.472392	0.047239	2.88
62	20.00%	0.661583	0.132317	8.20	40.00%	0.425153	0.170061	10.54
63	5.00%	0.529266	0.026463	1.67	10.00%	0.255092	0.025509	1.61
64	5.00%	0.502803	0.025140	1.61	10.00%	0.229583	0.022958	1.47
65	50.00%	0.477663	0.238831	15.52	100.00%	0.206624	0.206624	13.43
66	50.00%	0.238831	0.119416	7.88	100.00%	0.000000	0.000000	0.00
67	50.00%	0.119416	0.059708	4.00	100.00%	0.000000	0.000000	0.00
68	50.00%	0.059708	0.029854	2.03	100.00%	0.000000	0.000000	0.00
69	50.00%	0.029854	0.014927	1.03	100.00%	0.000000	0.000000	0.00
70	100.00%	0.014927	0.014927	1.04	100.00%	0.000000	0.000000	0.00
				62.4				59.9

¹ The plan has no active participants, but has "sold" participants who are employees currently working at a purchasing company, and continue to accrue vesting service with ABB Inc.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
 EIN / PN: 36-3100018/304
 Plan Sponsor: ABB Inc.
 Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was adopted on September 1, 1976 and amendments through January 1, 2020 are reflected in the plan provisions.

Sold Locations

The Williamsport location was sold and benefits frozen effective July 31, 2001. The Power T&D Athens location was sold and benefits frozen effective May 15, 2003. The Electro Mechanics location was sold and benefits frozen effective December 31, 2000. Accrued Benefits for these employees were determined as of these dates. Employees at these locations continue to accrue vesting service and eligibility service (if applicable).

Williamsport

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the attainment of age 65
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of benefit service or age 62 and completing ten years of benefit service.
Postponed retirement	Retirement after Normal Retirement Date
Disability	Permanent and total disability prior to Normal Retirement Date, following 10 years of benefit service
Death benefits	Death while eligible for normal, early, postponed, deferred vested retirement benefits or participants in retirement, with a surviving spouse

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	A monthly benefit of \$22.75 multiplied by years of benefit service.
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Disability	A monthly benefit of \$22.75 multiplied by years of benefit service to the date of disablement, payable without reduction after permanent and total disablement following 10 years of benefit service. The monthly disability retirement benefit shall be double the amount determined in the preceding sentence until the employee is eligible for a federal Social Security benefit of disability or age.
Termination	Upon termination of employment after 5 years of vesting service, an employee will be entitled to his accrued benefit payable in full at age 65. The member may elect commencement on or after age 55 if he has 15 years of vesting service or on or after age 62 if he has at least 10 years of vesting service, payable in an actuarially reduced amount.
Death benefits	<p><u>Preretirement Death Benefit</u></p> <p>In the event of death of a vested employee prior to retirement, his surviving spouse will be entitled to 50% of the accrued benefit, reduced for the 50% joint and survivor option, the early retirement reduction, and the charge for coverage, as of the date of death, payable upon the later of the date of employee's death or early retirement age. There is a coverage charge for this benefit.</p> <p><u>Postretirement Death Benefit</u></p> <p>The retirement benefits described above based upon election of a straight life form of payment, plus the additional provision that if a retiree dies between ages 65 and 70, then the monthly benefits will continue until the retiree would have attained age 70. Actuarially equivalent optional forms are available.</p>

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
EIN / PN:	36-3100018/304
Plan Sponsor:	ABB Inc.
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Power T&D

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the attainment of age 65 with five years of service
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 58 and completing thirty years of eligibility service or age 60 and completing ten years of eligibility service.
Postponed retirement	Retirement after Normal Retirement Date
Preretirement death benefit	<u>Death Pension for Vested Participants</u> Five years of Eligibility Service but does not meet the eligibility of the Death Pension below. <u>Preretirement Death Pension</u> Active Participant age 50 with 15 years of Eligibility Service. Age 60 with 10 years of Eligibility Service, 25 years of Eligibility Service or eligible for normal retirement.
Early retirement supplement	Retirement before age 62 on Early Retirement

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
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SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The greater of the career average and the final average benefit.
Early retirement	<p>The benefit at age 60 and 10 years is the greater of (a) the career average benefit, reduced one-fourth of 1% for each month that the employee's early retirement date precedes his normal retirement date or (b) the final average benefit.</p> <p>In addition, the participant will get the supplemental career average benefit reduced by one-third of 1% for each month that the employee's early retirement date precedes his normal retirement date.</p> <p>When an employee retires at age 58 or later with 30 years of service, the benefit is equal to the greater of (a) the career average benefit or (b) the final average benefit; plus the supplemental career average benefit, the sum of which is reduced by one-third of 1% for each month that the employee's early retirement date precedes the first of the month after attaining age 60.</p> <p>An employee that has elected to receive their monthly pension payments as described above, but has died after payments have begun but before sixty (60) monthly payments have been paid, the balance of any such sixty payments shall be payable in a lump sum to a beneficiary named by the employee.</p>
Termination	Amount as in Normal/Early retirement benefit above accrued to Date of Termination. The benefit is deferred to early, selected or normal retirement based on Eligibility Service on the date of termination and reduced by one-half of 1% for each month the deferral date precedes normal retirement.

Plan Name:	Pension Plan for Hourly Employees of ABB Inc.
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SCHEDULE SB ATTACHMENTS

Preretirement death

Death Pension for Vested Participants

Surviving spouse benefit equal to 50% of the Normal/Early retirement benefit described above based on Credited Service on the date of the participant's death. The benefit is deferred to the date that the participant would have attained age 60 and is reduced one-half of 1% for each month prior to normal retirement date if the participant had ten years of Eligibility service at death. Otherwise the benefit is deferred to the date the participant would have attained age 65. The benefit is further reduced by the table below:

Age Difference Between Employee and Surviving Spouse	Employee Older Than Surviving Spouse	Employee Younger Than Surviving Spouse
0 Years	92.5%	92.5%
1	92.0%	93.0%
2	91.5%	93.5%
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Etc.	Decreasing by ½%	Increasing by ½% up to 100%

Preretirement Death Pension

Surviving spouse benefit equal to 55%, payable immediately, of the Normal/Early retirement benefit described above and further reduced by the table above.

Early retirement supplement

T&D Muncie

\$11.00 for each year of Credited Service as of date of retirement reduced by the Early Retirement Supplement payable from the prior plan; payable until the first of the month following the month in which the employee attains his 62nd birthday.

T&D Other Locations

\$10.00 for each year of Credited Service as of date of retirement reduced by the Early Retirement Supplement payable from the prior plan; payable until the first of the month following the month in which the employee attains his 62nd birthday.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Special Supplement

Any Athens employee represented by IBEW 2109 or AWEA who was hired by April 23, 1995 and retires within 3 months of becoming eligible for early retirement based on age 58 with 30 years of service shall receive a \$100 month supplement payable until age 62. Similarly, if he retires within 3 months of attaining age 60 with 25 years of service, he shall receive a \$200 monthly supplement payable until age 62.

Electro - Mechanics

Eligibility for Benefits

Early Retirement Eligibility Age 55 and 10 years.

Benefits Paid Upon the Following Events

Monthly Benefit

The accrued benefit, reduced three tenths of 1% for each month that the employee's early retirement date precedes his normal retirement date.

Inactive Locations

All other locations participating in this plan are inactive and have only retired and terminated vested participants. Benefits for these participants were provided with the census data.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
EIN / PN: 36-3100018/304
Plan Sponsor: ABB Inc.
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The following changes were made to non-prescribed actuarial assumptions for 2020:

- The assumed plan-related expenses added to the target normal cost was changed from \$380,000 for 2019 to \$740,000 for 2020.

Plan Name: Pension Plan for Hourly Employees of ABB Inc.
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