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).

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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
ABB INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 302

1c Effective date of plan 01/01/1991

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)
ABB INC.

305 GREGSON DRIVE
CARY, NC 27511

2b Employer Identification Number (EIN) 36-3100018

2c Plan Sponsor's telephone number 919-856-2360

2d Business code (see instructions) 335900

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.	10/15/2021	DANIEL HAGMAN
	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

3a Plan administrator's name and address [X] 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**	34445
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)**	26916
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	25562
b	Retired or separated participants receiving benefits	**6b**	985
c	Other retired or separated participants entitled to future benefits	**6c**	6041
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	32588
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	200
f	Total. Add lines **6d** and **6e**	**6f**	32788
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	22029
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	75
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2E 2F 2G 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
ABB INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 302

C Plan sponsor's name as shown on line 2a of Form 5500
ABB INC.

D Employer Identification Number (EIN)
36-3100018

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 59 60 62 72	RECORDKEEPER	1351078	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ABB INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 302

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ABB INC.

D Employer Identification Number (EIN)
36-3100018

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 TR

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735976-001	C	280544

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2045 TR

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735972-001	C	669395

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX NON LENDING

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-4368878-001	C	651492

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX US IMI INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-2912262-001	C	67074

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX NL FUND M

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-4395662-001	C	663266

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL/MID CAP

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-167	C	297709

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735899-001	C	386464

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2025 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735963-001	C	1184016

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2030 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735964-001	C	442527

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2035 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735965-001	C	555873

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2040 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735971-001	C	687467

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0735978-001	C	249091

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-3799736-001	C	172131

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2015 TR PL

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735891-001	C	130722

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INC TR PLU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

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)
90-0735883-001	C	479762

a Name of MTIA, CCT, PSA, or 103-12 IE: ABB INC. DC PLANS MASTER TRUST

b Name of sponsor of entity listed in (a): ABB INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-3100018-051	M	2825328000

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ABB INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 302

C Plan sponsor's name as shown on line 2a of Form 5500
ABB INC.

D Employer Identification Number (EIN)
36-3100018

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18350000	18463000
(2) Participant contributions	1b(2)	0	2876000
(3) Other	1b(3)	10305000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	257825	262220
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	39233733	34904210
(9) Value of interest in common/collective trusts	1c(9)	6898214	6917533
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	3315514000	2825328000
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4080493	4255494
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		0
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	3394639265	2893006457
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	3394639265	2893006457

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	99399000	
	(B) Participants	**2a(1)(B)**	104116995	
	(C) Others (including rollovers)	**2a(1)(C)**	11644380	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		215160375
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	254000	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	1912855	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		2166855
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(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)		1244000
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		318913000
(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		537484230
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	515364262	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		515364262
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1354537	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1354537
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		516718799
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		20765431
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		522398239

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)** [X] 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) [X] 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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	
e	Was this plan covered by a fidelity bond?	4e	X		40000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ABB ENTERPRISE SOFTWARE, INC. RETIREMENT SAVINGS PLAN	94-3273443	320

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
ABB INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 302

C Plan sponsor's name as shown on line 2a of Form 5500
ABB INC.

D Employer Identification Number (EIN)
36-3100018

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 94-1687665

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Financial Statements and Report of Independent Certified Public Accountants

ABB Inc. Retirement Savings Plan

December 31, 2020 and 2019

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees
ABB Inc. Retirement Savings Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of the ABB Inc. Retirement Savings Plan (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, and the related notes to the financial statements.

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

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

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

Grant Thornton LLP is the U.S. member firm of Grant Thornton International Ltd (GTIL). GTIL and each of its member firms are separate legal entities and are not a worldwide partnership.

Supplementary information
The supplemental Schedule H, Line 4(i) – Schedule of assets (held at end of year) as of 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 4, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Charlotte, North Carolina
October 15, 2021

ABB Inc. Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,
(amounts in thousands)

	2020	2019
ASSETS		
Plan interest in ABB Inc. Defined Contribution Plans Master Trust	$ 2,827,572	$ 3,315,514
Other investments, at fair value	11,435	11,236
Total investments	2,839,007	3,326,750
Participant contributions receivable	2,876	-
Employer contributions receivable	18,463	18,350
Proceeds from settlement (Note 9)	-	10,305
Notes receivable from participants	34,904	39,234
Total receivables	56,243	67,889
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,895,250	$ 3,394,639

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

ABB Inc. Retirement Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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

	2020	2019
Investment income		
Plan interest in ABB Inc. Defined Contribution Plans Master Trust, net investment income	$ 318,913	$ 544,839
Interest and dividends on other investments	254	324
Net appreciation in fair value of other investments	1,244	1,741
Total investment income	320,411	546,904
Interest income on notes receivable from participants	1,913	2,485
Proceeds from settlement (Note 9)	-	10,305
Contributions		
Employer contributions	99,399	130,221
Participants contributions	104,117	129,785
Rollover contributions	11,644	22,229
Total contributions	215,160	282,235
Deductions:		
Benefits paid to participants	(513,120)	(343,801)
Administrative expenses	(1,355)	(1,427)
Total deductions	(514,475)	(345,228)
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFERS	23,009	496,701
Net transfers to other plans (Note 1)	(522,398)	-
Net assets available for benefits:		
Beginning of year	3,394,639	2,897,938
End of year	$ 2,895,250	$ 3,394,639

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

NOTE 1 - DESCRIPTION OF THE PLAN

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

The majority of the assets of the Plan are held in the ABB Inc. Defined Contribution Plans Master Trust (Master Trust). Bank of America N.A. is the Trustee of the Master Trust. The Trustee maintains separate accounts for each plan. Accordingly, investment earnings and expenses are separately reflected in each plans' accounting records.

On May 1, 2014, Baldor Electric Company, plan sponsor of the Baldor Electric Company Employees Profit Sharing and Savings Plan (Baldor Plan) adopted the Master Trust agreement as a participating plan sponsor. On April 1, 2016, Thomas & Betts Corporation, plan sponsor of the Thomas & Betts Corporation Employees' Investment Plan (Thomas & Betts Plan) adopted the Master Trust agreement as a participating plan sponsor.

On January 1, 2018 all plans in the Master Trust were merged into the Plan. The Personal Retirement Investment and Savings Management Plan for Certain Represented Employees of ABB Inc (PRISM Plan), Baldor Plan, and the Thomas & Betts Plan merged into the Plan.

Effective January 1, 2020 and in connection with the divestiture of ABB Enterprise Software Inc. on July 1, 2020, to form a joint venture with Hitachi, Ltd., the Plan was amended and restated to reflect the exclusion of ABB Enterprise Software Inc. employees effective January 1, 2020. ABB Enterprise Software Inc. ceased to be a participating employer under the Plan and Master Trust and its employees were no longer eligible to participate in the Plan as of January 1, 2020. The assets and liabilities for Plan participants who were employees of ABB Enterprise Software Inc. were transferred to the newly established ABB Enterprise Software Inc. Retirement Savings Plan. The transfer of participant accounts related to the spin-off resulted in a reduction of assets in the Plan of $522 million.

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

Eligibility

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

Contributions

Participants can elect to make contributions to the Plan through payroll deductions in whole percentages from 1% to 50% of their annual compensation (as defined in the Plan document, subject to Internal Revenue Service (IRS) limitations) on a pretax or after-tax basis or can elect not to participate in the Plan altogether. If the participant does not make an election in the first 30 days of employment, there is an auto enrollment at a rate of 2%, which can be changed at any time by the participant. Over age 50 catch-up contributions can be made by eligible participants in whole percentages from 1% to 100% of their annual compensation (as defined in the Plan document, subject to IRS limitations). The Employer's contributions, where applicable, shall be equal to 75% (25% in the case of Baldor Employees) of the participants' contributions made during the year, up to 6% of their annual compensation. The Plan Sponsor will also provide a Safe Harbor Contribution calculated as 3% of the employee's compensation, an Additional Baldor Contribution which is determined at the sole discretion of the Baldor management, and a Transition Contribution through the Plan year 2021 calculated as 2% of the employee's compensation as long as the employee had completed at least 10 years of service. The employer contribution receivable was $18 million for 2020 and 2019.

Vesting

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

Participant Accounts

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

Payment of Benefits

Upon termination of employment, retirement or death, the participant or beneficiary may receive a lump-sum cash distribution, or monthly or annual installments, depending upon the nature of the event and total vested value of the participant's account, as defined by the Plan document, or may elect to have the payment of benefits deferred up to age 72 in 2020 and 70.5 in 2019 at which time distributions must commence.

Hardship Withdrawals

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

Notes Receivable from Participants

The Plan allows a participant to have a minimum loan of $1, and the total amount of a participant's loan shall not exceed the lesser of:

- 50% of the participant's fully vested account balance; or

- $50 reduced by the participant's highest outstanding loan balance from the Plan during the one-year period ending on the day before the new loan is made.

Loans are repaid from payroll deductions. Interest rates on the loans are equal to the prime interest rate plus 1% on the first business day of the month preceding the calendar quarter in which the loan becomes effective. The interest rate range for loans issued during 2020 was 4.25% to 5.75% and 2019 was 5.75% to 6.50%. Interest rates for outstanding loans ranged from 4.25% to 10.25% as of December 31, 2020 and December 31, 2019. Participants may elect to repay loans over a period of one to five years. If the purpose of the loan is to purchase the participant's principal residence, the loan may be repaid over a period of up to 20 years.

Forfeitures

Forfeitures of terminated participants' non-vested accounts are used to either pay expenses of the Plan or reduce future employer contributions. Unallocated forfeitures as of December 31, 2020 and 2019, were $900 and $400, respectively. The Plan used $1,419 and $3,600 to reduce employer contributions during 2020 and 2019, respectively.

Administrative Expenses

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

Plan Termination

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the Income Fund (see Note 7) which is stated at contract value. The values are provided by the Trustee pursuant to the Master Trust Agreement as directed and overseen by the Benefit Committee.

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

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

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

Risks and Uncertainties

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

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad impact on financial markets throughout the world. Due to the current economic volatility, and the amount of time and judgment involved in our valuation processes, it is impractical to quantify the estimated impact on the Plan and the Plan's investments.

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

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

Recent Accounting Pronouncements

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 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.

NOTE 3 - INCOME TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. As of December 31, 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 4 - INFORMATION CERTIFIED BY TRUSTEE

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

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

- Plan interest in ABB Inc. Defined Contribution Plans Master Trust and notes receivable from participants, as shown in the statements of net assets available for benefits at December 31, 2020 and 2019.
- Plan interest in ABB Inc. Defined Contribution Plans Master Trust net investment income (loss) and interest income on notes receivable from participants, as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.
- Total investments and investment income (loss) for the Master Trust as presented in Note 5.
- Other investments, at fair value, as shown in the statements of net assets available for benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of other investments and interest and dividends on other investments, as shown in the statements of changes in net assets available for the years ended December 31, 2020 and 2019.
- Schedule H, Line 4i - Schedule of assets (held at end of year) as of December 31, 2020.

NOTE 5 - MASTER TRUST

As of December 31, 2020 and 2019, the Plan had a 100% divided interest in the net assets of the Master Trust. Net assets, net investment income and gains and losses and losses to participating plans, if any, in the Master Trust are either a) based upon the actual experience of the underlying investment within the Plan, or b) based upon the percentage ownership of the investment of the participating plan. The Plan's interest in the net assets of the Master Trust is included in the accompanying statements of net assets available for benefits.

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

December 31	2020	2019
Investments at contract value, Income Fund (Note 7)	$ 433,646	$ 424,655
Investments at fair value (Note 6)		
Collective trusts	1,545,425	1,512,852
Mutual funds	838,385	885,418
Money market	10,116	492,589
Total investments at fair value	2,393,926	2,890,859
Total net assets	$ 2,827,572	$ 3,315,514

Years ended December 31	2020	2019
Investment income:		
Dividends	$ 57,182	$ 84,359
Interest	11,260	491
Total interest and dividends	68,442	84,850
Net appreciation in fair value of investments	263,872	459,989
Total investment income	$ 332,314	$ 544,839

Total investment income for the Master Trust for the year ended December 31, 2020 includes investment income for the ABB Enterprise Software Inc. Retirement Savings Plan, a participating plan in the ABB Inc. Defined Contribution Plans Master Trust for a portion of 2020 as discussed in Note 1.

NOTE 6 - FAIR VALUE MEASUREMENTS

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

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

fair value hierarchy under ASC 820, and its applicability to the Plan and Master Trust's investments, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 Quoted prices for similar assets or liabilities, or inputs that are observable, either directly or indirectly, for substantially the full term through corroboration with observable market data. Level 2 includes investments valued at quoted prices adjusted for legal and contractual restrictions specific to the security.

Level 3 Pricing inputs are unobservable for the asset or liability, that is, inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability. Level 3 includes private investments that are supported by little or no market activity.

The methods used to measure the fair value calculation may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan and Master Trust believe the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan and Master Trust's assets at fair value as of December 31, 2020 and 2019:

	Investments at Fair Value				
December 31, 2020	Level 1	Level 2	Level 3	NAV	Total
Master Trust investments:					
Collective trust funds	$ -	$ -	$ -	$ 1,545,425	$ 1,545,425
Mutual funds	838,385	-	-	-	838,385
Money market	10,116	-	-	-	10,116
Total Master Trust investments	848,501	-	-	1,545,425	2,393,926
Other investments:					
Collective trust funds	-	-	-	6,918	6,918
Mutual funds	4,255	-	-	-	4,255
Money market	262	-	-	-	262
Total other investments	4,517	-	-	6,918	11,435
Total investments at fair value	$ 853,018	$ -	$ -	$ 1,552,343	$ 2,405,361

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

NOTE 7 - INVESTMENTS AT CONTRACT VALUE

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

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

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

Plan administrative expenses are charged directly to Plan participants on a quarterly basis. The Plan or Company may make a payment to Merrill Lynch for administrative expenses not covered by amounts charged directly to Plan participants. Notes receivable from participants' are also considered party-in-interest transactions.

NOTE 9 - CONTINGENCIES

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

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

In February 2020, $10 million was contributed to the Plan and distributed in accordance with the settlement agreement and is recorded as settlement proceeds on the statement of changes in net assets for the year ended December 31, 2019. The settlement funds were allocated to the accounts of impacted participants in accordance with the amounts calculated by the settlement administrator.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 to Form 5500:

Net assets available for benefits per the financial statements	$ 2,895,250
Amounts allocated to withdrawing participants	(2,244)
Net assets available for benefits per the Form 5500	$ 2,893,006

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2020 to Form 5500:

Benefits paid to participants per the financial statements	$	(513,120)
Amounts allocated to withdrawing participants		(2,244)
Benefits paid to participants per the Form 5500	$	(515,364)

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year end, but not yet paid as of that date. There were no reconciling items from the financial statements to the Form 5500 as of December 31, 2019.

NOTE 11 - SUBSEQUENT EVENTS

Management evaluated subsequent events for the Plan through October 15, 2021, the date the financial statements were available to be issued.

Effective January 1, 2021, ABB terminated the ABB Inc. Defined Contribution Plans Master Trust at Bank of America N.A. and transferred the Plan assets to Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company as directed trustee for the Plan.

SUPPLEMENTAL INFORMATION

ABB Inc. Retirement Savings Plan

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

December 31, 2020

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Other investments				
	Money Market			
	BlackRock Institutional Trust	Blackrock Liquidity Fd T Instl	**	$ 262,220
		Total Money Markets		262,220
	Mutual Funds			
	Vanguard	Vanguard Primecap Fund Investor Shares	**	2,165,503
	Vanguard	Vanguard Equity Income Cl Adm	**	719,611
	Hartford Mutual Funds	Hartford Smallcap Growth Ia	**	928,865
	Alliance Bernstein	Ab Global Bond Fund I	**	441,515
		Total Mutual Funds		4,255,494
	Collective Trusts			
	Vanguard	Vanguard Target Ret Inc Tr Plu	**	479,762
	Vanguard	Vanguard Target Retirement 2015 Fund	**	130,722
	Vanguard	Vanguard Target Retirement 2020 Fund	**	386,464
	Vanguard	Vanguard Target Retirement 2025 Fund	**	1,184,016
	Vanguard	Vanguard Target Retirement 2030 Fund	**	442,527
	Vanguard	Vanguard Target Retirement 2035 Fund	**	555,873
	Vanguard	Vanguard Target Retirement 2040 Fund	**	687,467
	Vanguard	Vanguard Target Retirement 2045 Fund	**	669,395
	Vanguard	Vanguard Target Retirement 2050 Fund	**	280,544
	Vanguard	Vanguard Target Retirement 2055 Fund	**	249,091
	Vanguard	Vanguard Target Retirement 2060 Fund	**	172,131
	State Street Global Advisors	State Street Russell Sml/Mid C	**	297,709
	BlackRock Institutional Trust	Blackrock Equity Ind Non-Led M	**	651,492
	BlackRock Institutional Trust	Blackrock Us Debt Idx Nonled M	**	663,266
	BlackRock Institutional Trust	Blackrock Msci Acwi Exus Cl R	**	67,074
		Total collective trusts		6,917,533
	Total other investments			11,435,247
	Participant loans			
*	Participant loans, maturity dates to December 2029, and interest rates ranging from 4.25% to 10.25%		**	34,904,210
				$ 46,339,457

* Party-in-interest

** Cost omitted as investments are fully participant directed

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABB INC. RETIREMENT SAVINGS PLAN **EIN:36-3100018**
Plan Sponsor's Name: ABB INC. **PN:302**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	113	113
	BLACKROCK EQUITY IND NON-LED M	COMMON / COLLECTIVE TRUSTS	160,817,743	253,087,979
	BLACKROCK MSCI ACWI EXUS CL R	COMMON / COLLECTIVE TRUSTS	33,146,451	41,854,310
	BLACKROCK US DEBT IDX NONLED M	COMMON / COLLECTIVE TRUSTS	114,420,284	129,793,960
	STATE STREET RUSSELL SML/MID C	COMMON / COLLECTIVE TRUSTS	118,951,060	205,205,185
	VANGUARD TARGET RET 2015 TR PL	COMMON / COLLECTIVE TRUSTS	17,004,205	21,595,359
	VANGUARD TARGET RET 2020 TR PL	COMMON / COLLECTIVE TRUSTS	73,145,216	96,560,181
	VANGUARD TARGET RET 2025 TR PL	COMMON / COLLECTIVE TRUSTS	135,996,314	179,341,195
	VANGUARD TARGET RET 2030 TR PL	COMMON / COLLECTIVE TRUSTS	129,523,199	172,940,934
	VANGUARD TARGET RET 2035 TR PL	COMMON / COLLECTIVE TRUSTS	100,109,671	133,678,744
	VANGUARD TARGET RET 2040 TR PL	COMMON / COLLECTIVE TRUSTS	71,870,424	97,459,959
	VANGUARD TARGET RET 2045 TR PL	COMMON / COLLECTIVE TRUSTS	57,555,134	78,779,659
	VANGUARD TARGET RET 2050 TR PL	COMMON / COLLECTIVE TRUSTS	43,842,141	59,846,873
	VANGUARD TARGET RET 2055 TR PL	COMMON / COLLECTIVE TRUSTS	28,045,311	37,435,156
	VANGUARD TARGET RET 2060 TR PL	COMMON / COLLECTIVE TRUSTS	14,166,715	18,190,967
	VANGUARD TARGET RET INC TR PLU	COMMON / COLLECTIVE TRUSTS	21,818,084	26,572,397
	LOAN FUND	LOANS	34,218,669	34,218,669
	BLACKROCK LIQUIDITY FD T INSTL	MONEY MARKET	1,918,671	1,918,671
	BLF FEDFUND	MONEY MARKET	8,458,807	8,458,807

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: ABB INC. RETIREMENT SAVINGS PLAN **EIN:36-3100018**
Plan Sponsor's Name: ABB INC. **PN:302**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	STABLE VALUE FUND	MONEY MARKET	433,646,439	433,646,423
	AB GLOBAL BOND FUND I	MUTUAL FUNDS	59,445,732	61,283,102
	HARTFORD SMALLCAP GROWTH IA	MUTUAL FUNDS	100,869,976	130,076,650
	MFS INTL DIVERSIFICATION FD R4	MUTUAL FUNDS	86,048,953	97,977,102
	VANGUARD EQUITY INCOME CL ADM	MUTUAL FUNDS	138,522,368	158,208,339
	VANGUARD PRIMECAP FUND	MUTUAL FUNDS	309,168,695	395,095,309
	UNINVESTED CASH	UNINVESTED CASH	3	3