

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>ABBOTT PUERTO RICO RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>003</u></p>
<p><b>2a</b> 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>ABBOTT HEALTHCARE (PUERTO RICO) LTD. C/O ABBOTT LABORATORIES</u></p> <p><u>CORPORATE BENEFITS, D-589, AP6B-2</u> <u>100 ABBOTT PARK ROAD</u> <u>ABBOTT PARK, IL 60064-6222</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2013</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>98-1051267</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>847-936-5300</u></p> <p><b>2d</b> Business code (see instructions) <u>325410</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	SEAN TREACY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  SEAN TREACY C/O ABBOTT LABORATORIES  CORPORATE BENEFITS, D-589, AP6B-2 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-6222	<b>3b</b> Administrator's EIN 36-0698440  <b>3c</b> Administrator's telephone number 847-936-5300
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	913
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	370
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	354
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	314
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	231
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	899
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	8
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	907
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	7

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1E 3C 3H

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

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

**a Pension Schedules**

(1)  **R** (Retirement Plan Information)

(2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached 0

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan <u>ABBOTT PUERTO RICO RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ABBOTT HEALTHCARE (PUERTO RICO) LTD. C/O ABBOTT LABORATORIES</u>	<b>D</b> Employer Identification Number (EIN) <u>98-1051267</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>94295860</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>96305890</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>302</u>	<u>41768842</u>
	<b>b</b> For terminated vested participants .....	<u>241</u>	<u>11721747</u>
	<b>c</b> For active participants .....	<u>370</u>	<u>26502382</u>
	<b>d</b> Total .....	<u>913</u>	<u>79992971</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.21 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2249523</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>190000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>2439523</u>

**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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>08/28/2025</u>
	<u>CHRISTOPHER J. YURWITZ</u>	<u>23-06958</u>
	Type or print name of actuary	Date
	<u>AON CONSULTING, INC.</u>	<u>312-957-1400</u>
	Firm name	Most recent enrollment number
	<u>MSC# 17755, AON, PO BOX 551343</u>	<u>312-957-1400</u>
	<u>ATLANTA, GA 30355</u>	Telephone number (including area code)
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5434756
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	5434756
<b>10</b>	Interest on line 9 using prior year's actual return of <u>18.72</u> % .....	0	1017386
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.35</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	6452142

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	107.76 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	115.50 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	106.64 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				0	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> 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		

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

**21** Discount rate:

**a** Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 58

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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 6c) ..... **31a** 2439523

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 2439523

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**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** 0

**38** Present value of excess contributions for current year (see instructions)

**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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

<b>A</b> Name of plan <b>ABBOTT PUERTO RICO RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ABBOTT HEALTHCARE (PUERTO RICO) LTD. C/O ABBOTT LABORATORIES</b>	<b>D</b> Employer Identification Number (EIN) <b>98-1051267</b>	

**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

**AMG GW&K SMALL/MID-CAP FUND CLASS Z**

**80-0250512**

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

**BLACKROCK INSTL TRUST COMPANY**

**94-3112180**

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

**CAPITAL RESEARCH AND MGMT CO**

**95-1411037**

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

**HARBOR SERVICES GROUP, INC.**

**34-1953393**

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

LOOMIS SAYLES AND COMPANY

04-2814890

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

PACIFIC INVESTMENT MANAGEMENT CORP

33-0629048

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

RWC PARTNERS LIMITED

46-2329949

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

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

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

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**(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)

AON CONSULTING

22-2232264

(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?
16 50	NONE	61534	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORIENTAL BANK AND TRUST

66-0259436

(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	55704	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	43523	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GRANT THORNTON LLP

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	29500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRANT THORNTON ADVISORS LLC

99-1856619

(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	7100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ABBOTT PUERTO RICO RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ABBOTT HEALTHCARE (PUERTO RICO) LTD. C/O ABBOTT LABORATORIES</b>	<b>D</b> Employer Identification Number (EIN) <b>98-1051267</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	94327600
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	102298686
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	94327600	102298686
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	31740	29214
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	31740	29214
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	94295860	102269472

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	6604588	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5061281
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11665869

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3490596	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		3490596
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	54923	
(4) IQPA audit fees .....	<b>2i(4)</b>	29500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	55704	
(7) Actuarial fees .....	<b>2i(7)</b>	61534	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		201661
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3692257

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		7973612
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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** as part of Schedule H because:

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ABBOTT PUERTO RICO RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ABBOTT HEALTHCARE (PUERTO RICO) LTD. C/O ABBOTT LABORATORIES</u>	<b>D</b> Employer Identification Number (EIN) <u>98-1051267</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): \_\_\_\_\_

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	4
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

Financial Statements and Report of Independent  
Certified Public Accountants

**Abbott Puerto Rico Retirement Plan**

December 31, 2024 and 2023

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Plan Administrator and Plan Participants  
Abbott Puerto Rico Retirement Plan

**Scope and nature of the ERISA Section 103(a)(3)(C) audit**

We have performed audits of the financial statements of Abbott Puerto Rico Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

**Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of management for the financial statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

**Auditor's responsibilities for the audit of the financial statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

**Other matter – supplemental schedule required by ERISA**

The supplemental schedule of assets (held at end of year) as of December 31, 2024 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 ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Grant Thornton LLP*

Chicago, Illinois  
September 26, 2025

**Abbott Puerto Rico Retirement Plan**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**December 31,**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$102,298,686	\$ 94,327,600
Liabilities		
Accrued expenses	<u>29,214</u>	<u>31,740</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$102,269,472</u></u>	<u><u>\$ 94,295,860</u></u>

The accompanying notes are an integral part of these statements.

**Abbott Puerto Rico Retirement Plan**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**Years ended December 31,**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 5,061,281	\$ 11,893,303
Interest and dividends	6,604,588	3,247,308
Net investment income	11,665,869	15,140,611
Deductions		
Benefit payments	3,490,596	3,138,455
Administrative expenses	201,661	189,546
Total deductions	3,692,257	3,328,001
<b>NET INCREASE</b>	7,973,612	11,812,610
Net assets available for benefits		
Beginning of year	94,295,860	82,483,250
End of year	<u>\$ 102,269,472</u>	<u>\$ 94,295,860</u>

The accompanying notes are an integral part of these statements.

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

---

**NOTE A - DESCRIPTION OF THE PLAN**

The following description of the Abbott Puerto Rico Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to certain provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

***General***

The Plan is a defined benefit pension plan, qualified in Puerto Rico only, for employees of participating divisions and business units of Abbott Healthcare (Puerto Rico) Ltd. and its participating affiliates that have adopted the Plan (together, the Company). Company employees of participating divisions or business units who are at least 21 years of age are eligible to participate in the Plan. The trustee of the Plan is Oriental Bank and Trust.

***Contributions and Funding***

The Company's funding policy is to contribute not less than the amount necessary to meet minimum ERISA funding requirements, as determined by the Plan's independent actuary. The Plan was in compliance with applicable ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

***Benefits***

Participants receive either Plan benefits described under the heading, "Plan Pension Benefits," or, for certain participants who had participated in the BASF Pharmaceuticals Employees' Retirement Plan (the "BASF Plan"), benefits described under the heading "BASF Benefits (service prior to 2002)." Participants with BASF Plan benefits originally participated in the BASF Plan before its merger with the Abbott Puerto Rico Retirement Plan, now known as the AbbVie Puerto Rico Pension Plan, (the "Former Plan") on September 29, 2010. The sponsor of the Former Plan was then Abbott Pharmaceuticals PR Ltd. For these BASF Plan participants, service and compensation after December 31, 2001, was disregarded in determining benefits under the Former Plan.

At the inception of the Plan (January 1, 2013), whose plan sponsor is Abbott Healthcare (Puerto Rico) Ltd., BASF Plan benefits under the Former Plan were retained for BASF Plan participants who became participants in the Plan, effective January 1, 2013.

**Plan Pension Benefits**

Participants qualify for normal retirement benefits upon reaching age 65. Generally the normal monthly pension benefit paid to a participant is the greatest of (1) 1.0% of specified earnings for each year of benefit service up to 35 years; (2) 1/35th of 50% of specified earnings, times years of benefit service up to 35 years, less 0.5% of the lesser of final average compensation or Social Security covered compensation, times years of benefit service up to 35 years; and (3) \$2.00 times years of benefit service up to 35 years, plus \$0.50 times years of age at retirement.

The Plan's normal benefit for unmarried participants is a life annuity, which provides benefits until the retiree's death. In lieu of the life annuity, retiring participants may elect alternative payment options. These options either change the terms of the payments to the surviving beneficiary or provide joint and survivor benefits. Married retiring participants automatically receive a 50% joint and survivor form of pension unless they elect an alternative payment option with their spouse's consent. In addition, in the case of those participants who

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

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have accrued benefits with a present value of \$25,000 or less, a participant may receive the present value of his or her accrued benefit in a lump sum at termination or retirement. Early retirement and seniority retirement benefits are available to participants who meet specified criteria, including age and years of service, as defined in the Plan document.

With regard to a participant whose benefits under the Plan include a portion calculated under Part B of the Former Plan (f/k/a BASF Pharmaceuticals Employees' Retirement Plan), the following applies for that portion of benefits:

**BASF Benefits (service prior to 2002)**

*Traditional Pension Benefits* - At normal retirement of age 65, the monthly benefit amount is equal to 1.75% of the participant's average monthly compensation of the best five consecutive years during the final 10 years of service, multiplied by total benefit service to the normal retirement date less 1.75% of the participant's estimated primary Social Security benefit multiplied by total benefit service to the normal retirement date (with a maximum offset of 60%), and then multiplied by a fraction, of which the numerator is the participant's actual years of benefit service to the date of determination and the denominator is the participant's expected total years of benefit service to the normal retirement date. During 2001, the Plan was amended to freeze the accrual of benefits and new participant entrants to the Plan effective December 31, 2001. The Plan permits early retirement after attainment of age 55 and the completion of at least 10 years or more of vesting service. Employees with five years or more of service who terminate are eligible for vested benefits.

*Death Benefits* - The Plan provides a death benefit for vested participants should the participant die prior to retirement.

*Disability Benefits* - A participant who becomes disabled after completing at least 10 years of vesting service is entitled to a disability benefit. The benefit is calculated using the full projected service to the normal retirement date and compensation during the year in which the participant became disabled. The benefit payments are deferred to the normal retirement date.

***Vesting***

Participants are fully vested after accruing five years of vesting service.

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**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting***

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

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the Plan's actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

***Investment Valuation***

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management uses the following methods to determine the fair value of investments:

Mutual funds - Valued at the published market price per unit multiplied by the number of units held.

Money market fund - Valued at the published market price, which is a constant net asset value of \$1 per unit.

The following table summarizes the basis used to measure investments at fair value at December 31:

	2024			
	Quoted prices in active markets	Significant other observable inputs	Significant unobservable inputs	Total
Mutual funds	\$100,206,636	\$ -	\$ -	\$100,206,636
Money market fund	<u>2,092,050</u>	<u>-</u>	<u>-</u>	<u>2,092,050</u>
Total investments at fair value	<u>\$102,298,686</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$102,298,686</u>
	2023			
	Quoted prices in active markets	Significant other observable inputs	Significant unobservable inputs	Total
Mutual funds	\$92,464,285	\$ -	\$ -	\$92,464,285
Money market fund	<u>1,863,315</u>	<u>-</u>	<u>-</u>	<u>1,863,315</u>
Total investments at fair value	<u>\$94,327,600</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$94,327,600</u>

***Investment Income***

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) is recorded in the accompanying financial statements as net appreciation in fair value of investments.

***Administrative Expenses***

Investment management fees, custodian fees, audit fees, actuary fees, and administration fees, as applicable, were paid by the Plan. All other major administrative expenses were paid by the Company.

***Payment of Benefits***

Benefits are recorded when paid.

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

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**NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Aon Consulting, Inc., 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 between the valuation date and the expected date of payment.

Significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023, are as follows:

Discount rate	5.08% for 2024; 5.27% for 2023
Mortality	Healthy Lives 2024: Pri-2012* Employee and Retiree Mortality Table projected generationally from 2012 with Scale MP-2021 2023: Pri-2012* Employee and Retiree Mortality Table projected generationally from 2012 using Aon's "endemic" adjusted version of Scale MP-2021  Disabled Lives 2024: Pri-2012* Disabled Retiree Mortality Table projected generationally from 2012 with Scale MP-2021 2023: Pri-2012* Disabled Retiree Mortality Table projected generationally from 2012 using Aon's "endemic" adjusted version of Scale MP-2021

\*Pri-2012 table as designated by the Society of Actuaries where "PRI" is short for "private retirement plan" and 2012 represents the central year of the final dataset from which mortality tables were developed.

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

Retirement age	2024 and 2023 - Active Retirement Rates	
	Age	Retirement rate
	55	25%
	56	35
	57	5
	58	10
	59	30
	60	15
	61	25
	62	70
	63	35
	64	25
	65+	100

  

	2024 and 2023 – Terminated Vested Retirement Rates	
	Age	Retirement rate
	55	50%
	56	10
	57	20
	58 – 59	10
	60 – 61	15
	62	35
	63 – 64	50
	65+	100

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

The actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023, is as follows:

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payment	\$ 42,562,071	\$ 40,037,200
Other participants	<u>39,448,918</u>	<u>36,654,880</u>
Total vested benefits	82,010,989	76,692,080
Non-vested benefits	<u>3,103,625</u>	<u>3,285,300</u>
Total actuarial present value of accumulated plan benefits	<u>\$85,114,614</u>	<u>\$79,977,380</u>

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

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The change in the actuarial present value of accumulated plan benefits consists of the following:

Actuarial present value of accumulated plan benefits, January 1, 2023	\$79,977,380
Change during the year attributable to	
Interest accumulation	4,133,171
Benefits paid	(3,138,455)
Change in assumptions	2,235,100
Benefits accumulated and other	<u>1,907,418</u>
Actuarial present value of accumulated plan benefits, January 1, 2024	<u>\$85,114,614</u>

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**NOTE D - PLAN TERMINATION AND PBGC MATTERS**

Although the Company has not expressed any intention of terminating the Plan, the Company has the right under the Plan to terminate the Plan subject to applicable law. In the event of termination of the Plan, distribution of the Plan assets shall be made to the participants according to the provisions for such distribution in the Plan document.

Under ERISA, a pension plan may be insured by the Pension Benefit Guaranty Corporation (PBGC, a U.S. government agency) by paying the required premiums, if the plan has been determined by the U.S. Treasury to be “qualified” (in its current form) or if it in fact has complied with Section 401(a) of the U.S. Internal Revenue Code for the preceding 5 plan years. By letter dated July 27, 2017, the PBGC determined that the Plan is not covered by Title IV of ERISA.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations.

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**NOTE E - TAX STATUS**

The Plan received letters dated April 19, 2016 and December 2, 2019 from the Department of the Treasury of the Commonwealth of Puerto Rico that the Plan, as written, qualifies under Section 1081.01(a) of the Puerto Rico Internal Revenue Code of 2011, as amended (the PR Code), and, consequently, its enabling trust is exempt from local income tax. The Plan has been amended since receiving the letters. The Plan’s management believes that the Plan is designed and is currently being operated, in all material respects, in accordance with the applicable provisions of the PR Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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.

**Abbott Puerto Rico Retirement Plan**  
**NOTES TO FINANCIAL STATEMENTS - CONTINUED**  
**December 31, 2024 and 2023**

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**NOTE F - INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Oriental Bank and Trust has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
  - Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
  - Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- 

**NOTE G - RISKS AND UNCERTAINTIES**

The Plan's investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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.

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**NOTE H - SUBSEQUENT EVENTS**

Management of the Plan has evaluated the Plan's December 31, 2024 financial statements for subsequent events through September 26, 2025, the date the financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

SUPPLEMENTAL SCHEDULE

**Abbott Puerto Rico Retirement Plan**

**EIN: 98-1051267, Plan number: 003**

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

**December 31, 2024**

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
	Mutual funds			
	American Funds Europacific Growth Fund	365,632	\$ 18,145,733	\$ 19,641,725
	American Funds Washington Mutual Investors Fund	316,926	14,968,340	19,522,670
	AMG GW&K Small/Mid Cap Fund	806,124	14,823,335	15,308,290
	Harbor Capital Appreciation Fund	150,810	12,880,190	17,142,628
	Loomis Sayles High Income Fund	4,019,430	15,509,856	14,469,948
	PIMCO Total Return Fund	1,080,430	10,487,228	9,162,049
	Redwheel Global Emerging Equity Fund	475,943	<u>6,262,675</u>	<u>4,959,326</u>
	Total mutual funds		93,077,357	100,206,636
	Money market fund			
	Blackrock Liquid Federal Trust Fund	2,092,050	<u>2,092,050</u>	<u>2,092,050</u>
	Total		<u>\$ 95,169,407</u>	<u>\$ 102,298,686</u>

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

Schedule SB, line 26a – Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants										
Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29	1	3	2							
30-34	1	4	10	6						
35-39	4	5	27	31	1					
40-44	1	3	15	32	21	1				
45-49		4	5	23	19	14	1			
50-54		1	6	12	23	11	7	1		
55-59		2	4	15	7	2	5	10	2	
60-64		1	2	3	7	1	2	2	4	
65-69			1		3					
70+					1	1				

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Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods**

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization.	
1st Segment Rate	4.75%	
2nd Segment Rate	4.87%	
3rd Segment Rate	5.59%	
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four month lookback (as of September 2023), without regard to interest rate stabilization	
1st Segment Rate	3.62%	
2nd Segment Rate	4.46%	
3rd Segment Rate	4.52%	
Salary Increases	Table 1	
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.	
Social Security COLA Increases	None	
Optional Payment Form Election Percentage	<b>Male</b>	<b>Female</b>
	35%	55%
	25%	10%
	5%	0%
	25%	20%
	0%	10%
	10%	5%
Optional payment Form	6.00%	
Conversion Interest Rate		
Optional Payment Form Conversion Mortality	Revenue Ruling 01-62 mortality table	
Retirement Age		
Active Participants	See Table 2	
Terminated Vested Participants	See Table 3	

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

For ERISA Requirements

Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per section 1.43(h)(3)-1
Withdrawal Rates	See Table 4
Disability Rates	See Table 5
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 70% of males and 50% of females have an eligible spouse, and that males are three years older than their spouses, and females are two years younger than their spouses.
Valuation Compensation	Compensation used in the valuation includes annual rate of base pay, cash profit sharing, management incentive bonus, and divisional incentive bonus
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.  A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2022 Plan Year	5.92%  The applicable third segment rate limitation is 5.92%.
2023 Plan Year	5.74%  The applicable third segment rate limitation is 5.74%.

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Abbott Laboratories Puerto Rico Retirement Plan  
EIN: 98-1051267 PN: 003

For ERISA Requirements

Trust Expenses Included in Target Normal Cost	\$190,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

**Table 1**

**Salary Increase Rates**

Age	Years of Service			
	0	1	2	3+
≤29	20.00%	20.00%	12.00%	10.00%
30	20.00%	20.00%	12.00%	6.50%
31	20.00%	20.00%	12.00%	6.50%
32	20.00%	20.00%	12.00%	6.50%
33	20.00%	20.00%	12.00%	6.50%
34	20.00%	20.00%	12.00%	6.50%
35	20.00%	20.00%	12.00%	4.50%
36	20.00%	20.00%	12.00%	4.50%
37	20.00%	20.00%	12.00%	4.50%
38	20.00%	20.00%	12.00%	4.50%
39	20.00%	20.00%	12.00%	4.50%
40	20.00%	20.00%	12.00%	3.00%
41	20.00%	20.00%	12.00%	3.00%
42	20.00%	20.00%	12.00%	3.00%
43	20.00%	20.00%	12.00%	3.00%
44	20.00%	20.00%	12.00%	3.00%
45	20.00%	20.00%	12.00%	3.00%
46	20.00%	20.00%	12.00%	3.00%
47	20.00%	20.00%	12.00%	3.00%
48	20.00%	20.00%	12.00%	3.00%
49	20.00%	20.00%	12.00%	3.00%
50	20.00%	20.00%	12.00%	2.50%
51	20.00%	20.00%	12.00%	2.50%
52	20.00%	20.00%	12.00%	2.50%
53	20.00%	20.00%	12.00%	2.50%
54	20.00%	20.00%	12.00%	2.50%
55	20.00%	20.00%	12.00%	2.50%
56	20.00%	20.00%	12.00%	2.50%
57	20.00%	20.00%	12.00%	2.50%
58	20.00%	20.00%	12.00%	2.50%
59	20.00%	20.00%	12.00%	2.50%
60	20.00%	20.00%	12.00%	2.50%
61	20.00%	20.00%	12.00%	2.50%
62	20.00%	20.00%	12.00%	2.50%
63	20.00%	20.00%	12.00%	2.50%
64	20.00%	20.00%	12.00%	2.50%
65+	20.00%	20.00%	12.00%	2.50%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Abbott Laboratories Puerto Rico Retirement Plan  
EIN: 98-1051267 PN: 003

**Table 2**

**Active Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	25.00%
56	35.00%
57	5.00%
58	10.00%
59	30.00%
60	15.00%
61	25.00%
62	70.00%
63	35.00%
64	25.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Abbott Laboratories Puerto Rico Retirement Plan  
EIN: 98-1051267 PN: 003

**Table 3**

**Terminated Vested Retirement Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
55	50.00%
56	10.00%
57	20.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	35.00%
63	50.00%
64	50.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

**Table 4**

**Withdrawal Rates**

<b>Age</b>	<b>Years of Service</b>				
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4+</b>
≤29	7.00%	6.00%	5.00%	4.00%	4.00%
30	7.00%	6.00%	5.00%	4.00%	4.00%
31	7.00%	6.00%	5.00%	4.00%	4.00%
32	7.00%	6.00%	5.00%	4.00%	4.00%
33	7.00%	6.00%	5.00%	4.00%	4.00%
34	7.00%	6.00%	5.00%	4.00%	4.00%
35	7.00%	6.00%	5.00%	4.00%	4.00%
36	7.00%	6.00%	5.00%	4.00%	4.00%
37	7.00%	6.00%	5.00%	4.00%	4.00%
38	7.00%	6.00%	5.00%	4.00%	4.00%
39	7.00%	6.00%	5.00%	4.00%	4.00%
40	7.00%	6.00%	5.00%	4.00%	4.00%
41	7.00%	6.00%	5.00%	4.00%	4.00%
42	7.00%	6.00%	5.00%	4.00%	4.00%
43	7.00%	6.00%	5.00%	4.00%	4.00%
44	7.00%	6.00%	5.00%	4.00%	4.00%
45	7.00%	6.00%	5.00%	4.00%	4.00%
46	7.00%	6.00%	5.00%	4.00%	4.00%
47	7.00%	6.00%	5.00%	4.00%	4.00%
48	7.00%	6.00%	5.00%	4.00%	4.00%
49	7.00%	6.00%	5.00%	4.00%	4.00%
50	7.00%	6.00%	5.00%	4.00%	4.00%
51	7.00%	6.00%	5.00%	4.00%	4.00%
52	7.00%	6.00%	5.00%	4.00%	4.00%
53	7.00%	6.00%	5.00%	4.00%	4.00%
54	7.00%	6.00%	5.00%	4.00%	4.00%
55	7.00%	6.00%	5.00%	4.00%	10.00%
56	7.00%	6.00%	5.00%	4.00%	10.00%
57	7.00%	6.00%	5.00%	4.00%	10.00%
58	7.00%	6.00%	5.00%	4.00%	10.00%
59	7.00%	6.00%	5.00%	4.00%	10.00%
60	7.00%	6.00%	5.00%	4.00%	10.00%
61	7.00%	6.00%	5.00%	4.00%	10.00%
62	7.00%	6.00%	5.00%	4.00%	10.00%
63	7.00%	6.00%	5.00%	4.00%	10.00%
64	7.00%	6.00%	5.00%	4.00%	10.00%
65+	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Abbott Laboratories Puerto Rico Retirement Plan  
 EIN: 98-1051267 PN: 003

**Table 5**

**Disability Rates**

<b>Age</b>	<b>Male</b>	<b>Female</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
15	0.036%	0.036%	45	0.192%	0.288%
16	0.036%	0.036%	46	0.216%	0.324%
17	0.036%	0.036%	47	0.252%	0.360%
18	0.036%	0.036%	48	0.300%	0.396%
19	0.036%	0.036%	49	0.336%	0.432%
20	0.036%	0.036%	50	0.396%	0.480%
21	0.036%	0.036%	51	0.468%	0.528%
22	0.036%	0.036%	52	0.552%	0.588%
23	0.036%	0.036%	53	0.636%	0.648%
24	0.036%	0.036%	54	0.732%	0.708%
25	0.036%	0.036%	55	0.828%	0.768%
26	0.036%	0.036%	56	0.924%	0.828%
27	0.036%	0.036%	57	1.032%	0.888%
28	0.036%	0.048%	58	1.140%	0.960%
29	0.036%	0.048%	59	1.260%	1.020%
30	0.036%	0.048%	60	1.380%	1.080%
31	0.036%	0.060%	61	1.512%	1.152%
32	0.036%	0.060%	62	1.656%	1.212%
33	0.036%	0.072%	63	1.812%	1.260%
34	0.036%	0.072%	64	1.968%	1.308%
35	0.048%	0.084%	65+	0.000%	0.000%
36	0.048%	0.096%			
37	0.060%	0.108%			
38	0.072%	0.120%			
39	0.084%	0.144%			
40	0.096%	0.156%			
41	0.108%	0.180%			
42	0.120%	0.204%			
43	0.144%	0.228%			
44	0.168%	0.264%			

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

<b>A</b> Name of plan Abbott Puerto Rico Retirement Plan	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Abbott Healthcare (Puerto Rico) Ltd. C/O Abbott Laboratories	<b>D</b> Employer Identification Number (EIN) 98-1051267	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>		94,295,860
<b>b</b> Actuarial value.....	<b>2b</b>		96,305,890
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	302	41,768,842	41,768,842
<b>b</b> For terminated vested participants.....	241	11,721,747	11,721,747
<b>c</b> For active participants.....	370	26,502,382	29,886,941
<b>d</b> Total.....	913	79,992,971	83,377,530
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		5.21%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>		2,249,523
<b>b</b> Expected plan-related expenses.....	<b>6b</b>		190,000
<b>c</b> Target normal cost.....	<b>6c</b>		2,439,523

**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.

<b>SIGN HERE</b>	Christopher J. Yurwitz <i>CSY</i>	
	Signature of actuary	Date
	Christopher J. Yurwitz	08/28/2025
	Type or print name of actuary	2306958
	Aon Consulting, Inc.	Most recent enrollment number
	Firm name	312-957-1400
	MSC# 17755, Aon, PO Box 551343	Telephone number (including area code)
	Atlanta GA 30355	
	Address of the firm	

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	5,434,756
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	5,434,756
<b>10</b>	Interest on line 9 using prior year's actual return of <u>18.72%</u> .....	0	1,017,386
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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>5.35%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	6,452,142

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	107.76%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	115.50%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	106.64%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>
					0

<b>19</b>	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0

**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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 58

**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** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? 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):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	2,439,523
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	2,439,523

32 Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**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** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

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## Schedule SB, line 22 – Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	25.00%	1.0000	13.88
56.5	35.00%	0.7500	14.83
57.5	5.00%	0.4875	1.40
58.5	10.00%	0.4631	2.71
59.5	30.00%	0.4168	7.44
60.5	15.00%	0.2918	2.65
61.5	25.00%	0.2480	3.81
62.5	70.00%	0.1860	8.14
63.5	35.00%	0.0558	1.24
64.5	25.00%	0.0363	0.58
65	100.00%	0.0272	1.77
		Weighted Average	58.45

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**Schedule SB, Part V—Summary of Plan Provisions**

**Summary of Plan – Part A Benefit**

Effective Date	January 1, 2013. Last amended effective January 1, 2025.
Eligibility for Participation	Each employee who was a participant in the AbbVie Puerto Rico Pension Plan (the “AbbVie Plan”) immediately preceding January 1, 2013, and each regular employee hired by a participating division or subsidiary of Abbott thereafter who has attained age 21.
Normal Retirement	
Eligibility	End of month in which 65th birthday occurs.
Monthly Benefit	A monthly amount equal to the greatest of the following:  (1) 1.0% of final earnings for each year of benefit service up to 35 years.  (2) (a) 1/35th of 50 percent of final earnings times years of benefit service up to 35 less  (b) 0.5% of the lesser of final average compensation or covered compensation times years of benefit service up to 35 years.  (3) \$2.00 times years of benefit service up to 35 years plus \$0.50 times years of age at retirement.  (4) The accrued benefit under the AbbVie Plan as of December 31, 1988 determined under the terms of the plan in effect on that date.
Early Retirement	
Eligibility	End of any month after attaining age 55 with 15 years of vesting service, or after attaining age 55 with age plus completed years of vesting service equal to at least 75.
Monthly Benefit	Same as normal retirement benefit but reduced 4% per year from age 65.

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Special Retirement

Eligibility End of any month after attaining age 55, with age plus completed years of seniority service equal to at least 100.

Monthly Benefit Same as normal retirement benefit, but based on seniority service rather than benefit service.

Reduced 4% per year from age 62.

Early Special Retirement

Eligibility The end of any month after attaining age 55 and if the participant were to continue employment, he or she would be eligible for special retirement prior to normal retirement.

Monthly Benefit Same as special retirement based on seniority service and pay as of Early Special retirement date reduced by 4% per year.

Vested Deferred Retirement

Eligibility Termination after five or more years of vesting service.

Monthly Benefit Same as normal retirement benefit. The benefit may commence as early as age 55, actuarially reduced for early commencement.

Disability

Eligibility Effective January 1, 1989, no additional disability benefits were payable under the AbbVie Plan. Those participants receiving disability benefits prior to 1989 continue to be paid. Service is credited under the plan during the period an employee is receiving benefits under the Long-Term Disability Plan.

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Death and Nonvested

Termination Benefits

An active participant eligible for vested termination benefits or a vested terminated participant may, if married, elect to receive optional death benefit protection with a provision that if he should die prior to his normal retirement date, his eligible spouse will receive a monthly benefit as shown below:

If the participant was eligible for early or normal retirement, the spouse's benefit would be 50% of the amount to which the participant would have been entitled if his date of death were his retirement date and his benefit was payable in the normal form of a life annuity.

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was payable in the normal form of a life annuity, commencing on the later of the date of death or age 55.

The company pays the cost of this death benefit protection for active employees below age 35. All other employees pay the cost of the death benefit protection by taking a reduction in their prospective retirement benefits.

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Vesting Service

The total years of service determined in accordance with the following:

- (1) A participant will receive vesting service for credited service recognized under the AbbVie Plan prior to January 1, 1989, but including service after age 18 and prior to age 30.
- (2) Beginning January 1, 1989, a participant shall be entitled to 1/12 of a year of vesting service for each calendar month during which he is a participant.
- (3) Service accruing before a participant has attained age 18 years shall not be included in determining his years of vesting service.

Benefit Service

The total years of employment determined in accordance with the following:

- (1) A participant will receive benefit service for credited service recognized under the AbbVie Plan prior to January 1, 2013.
- (2) Beginning January 1, 2013, a participant shall be entitled to 1/12 of a year of benefit service for each calendar month during which he is a participant.
- (3) Maximum benefit service is 35 years.

Seniority Service

Same as Vesting Service plus service before the participant attained age 18. Maximum Seniority Service is 35 years.

Final Earnings

The monthly average of basic earnings for the 60 consecutive months which produce the highest average.

Basic Earnings

Total compensation excluding discretionary bonuses and special awards.

Maximum Compensation and  
Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation.

Final Average Compensation

The monthly average of basic earnings for the three consecutive plan years next preceding retirement or termination but excluding basic earnings for any year in

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	excess of the Social Security taxable wage base for that year.
Covered Compensation	The monthly average of the Social Security taxable wage bases in effect for each of the 35 calendar years ending with the year in which the participant reaches Social Security retirement age.
Payment of Benefits	If a participant is legally married on the date as of which payments commence, then the benefit shall be a 50% joint and survivor annuity actuarially equivalent to a life annuity unless another election is made. If a person does not qualify for a joint and survivor annuity, then the payment will be the normal form of a life annuity.
Medium of Funding	Corporate trustee

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## Summary of Plan –Part B Benefit

Eligibility for Participation	Each employee who was a participant as of December 31, 2001.
Normal Retirement	
Eligibility	End of month in which 65th birthday occurs.
Monthly Benefit	The monthly accrued benefit as of December 31, 2001 determined under the terms of the plan in effect on that date.
Early Retirement	
Eligibility	End of any month after attaining age 55 with 10 years of vesting service.
Monthly Benefit	Same as normal retirement benefit but reduced 3% per year from age 65.
Vested Deferred Retirement	
Eligibility	Termination after five or more years of vesting service.
Monthly Benefit	Same as normal retirement benefit. The benefit may commence as early as age 55, actuarially reduced for early commencement.
Disability	
Eligibility	Disability under the Social Security definition after 10 years of vesting service.
Monthly Benefit	Same as normal retirement benefit.

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Death and Nonvested  
Termination Benefits

An active participant eligible for vested termination benefits or a vested terminated participant may, if married, elect to receive optional death benefit protection with a provision that if he should die prior to his normal retirement date, his eligible spouse will receive a monthly benefit as shown below:

If the participant died on or after age 55, the spouse's benefit would be the amount to which the participant would have been entitled if his date of death were his retirement date and his benefit was payable in the form of a 100% survivor annuity.

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was payable in the normal form of a life annuity, commencing on the later of the date of death or age 55.

A non-spouse beneficiary would receive the benefit as if the participant chose a 10-year certain & continuous annuity. If the participant dies prior to age 55, the non-spouse beneficiary receives an actuarially equivalent lump sum.

Vesting Service

A year of vesting service is granted for each plan year in which the employee completes 1,000 hours of service.

Maximum Compensation and  
Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation.

Payment of Benefits

If a participant is legally married on the date as of which payments commence, then the benefit shall be a 50% joint and survivor annuity actuarially equivalent to a life annuity unless another election is made. If a person does not qualify for a joint and survivor annuity, then the payment will be the normal form of a life annuity.

Medium of Funding

Corporate trustee

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**Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan**

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Abbott Puerto Rico Retirement Plan

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

December 31, 2024

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
Mutual funds				
	American Funds Europacific Growth Fund	365,632	\$ 18,145,733	\$ 19,641,725
	American Funds Washington Mutual Investors Fund	316,926	14,968,340	19,522,670
	AMG GW&K Small/Mid Cap Fund	806,124	14,823,335	15,308,290
	Harbor Capital Appreciation Fund	150,810	12,880,190	17,142,628
	Loomis Sayles High Income Fund	4,019,430	15,509,856	14,469,948
	PIMCO Total Return Fund	1,080,430	10,487,228	9,162,049
	Redwheel Global Emerging Equity Fund	475,943	6,262,675	4,959,326
	Total mutual funds		93,077,357	100,206,636
Money market fund				
	Blackrock Liquid Federal Trust Fund	2,092,050	2,092,050	2,092,050
	Total		<u>\$ 95,169,407</u>	<u>\$ 102,298,686</u>

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**Schedule SB, line 24—Change in Actuarial Assumptions**

The funding valuation reflects the following assumption change:

- A change in the interest rate assumption from segment rates as of September 2022 to segment rates as of September 2023.
- A change in the mortality assumption from the 2023 static mortality table for annuitants and non-annuitants per IRC Section 1.43(h)(3)-1 to the 2024 generational mortality table for annuitants and non-annuitants per IRC 1.42(h)(3)-1
- A change in the assumed expenses payable from the trust from \$180,000 to \$190,000.