

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</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>1a Name of plan <u>ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>333</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>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>1c Effective date of plan <u>12/01/1945</u></p> <p>2b Employer Identification Number (EIN) <u>36-0698440</u></p> <p>2c Plan Sponsor's telephone number <u>847-936-5300</u></p> <p>2d 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.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	30538
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	17875
	6a(2)	16718
	6b	7021
	6c	6303
	6d	30042
	6e	323
	6f	30365
	6g(1)	
6g(2)		
6h		828
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1E 3H

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

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

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

- a Pension Schedules**
- (1) **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)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ABBOTT LABORATORIES</u>	D Employer Identification Number (EIN) <u>36-0698440</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>7489333086</u>
	b Actuarial value	2b	<u>7541661575</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>6568</u>	<u>2128131062</u>
	b For terminated vested participants	<u>6095</u>	<u>486128716</u>
	c For active participants	<u>17875</u>	<u>1770434980</u>
	d Total	<u>30538</u>	<u>4384694758</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.23 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>193422770</u>
	b Expected plan-related expenses	6b	<u>6160000</u>
	c Target normal cost	6c	<u>199582770</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.

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

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 59
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 199582770
b Excess assets, if applicable, but not greater than line 31a			31b 199582770
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 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 213787491
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 213787491
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ABBOTT LABORATORIES	D Employer Identification Number (EIN) 36-0698440	

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

HEALTH CARE SERVICE CORPORATION

36-1236610

(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)

UMR

39-1995276

(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?
12 14 50	NONE	1264353	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)

UNITED HEALTHCARE

36-2739571

(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?
12 14 50	NONE	1023744	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)

EXPRESS SCRIPTS, INC.

43-1420563

(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?
12 14 50	NONE	976266	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)

COORDINATED CARE PROGRAMS LLC

20-8423895

(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?
12 14 50	NONE	439846	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)

LUMINARE HEALTH BENEFITS, INC.

6133 NORTH RIVER ROAD
SUITE 900
ROSEMONT, IL 60018

(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?
12 14 50	NONE	346095	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)

RX SAVINGS SOLUTIONS

26-3642434

(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?
12 14 50	NONE	176645	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)

HUMANA INSURANCE COMPANY

39-1263473

(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?
12 14 50	NONE	11289	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABBOTT LABORATORIES</u>	D Employer Identification Number (EIN) <u>36-0698440</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ABBOTT LABORATORIES ANTY RTMT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>ABBOTT LABORATORIES</u>		
c EIN-PN <u>36-0698440-337</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8275779436</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 ABBOTT LABORATORIES	D Employer Identification Number (EIN) 36-0698440

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	477230	67933
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	297900000	300000000
(2) Participant contributions	1b(2)	615000	610000
(3) Other	1b(3)	13358339	15449878
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	7507447935	8275779436
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7819798504	8591907247
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	2981309	4085661
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2981309	4085661
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7816817195	8587821586

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	300000000	
(B) Participants.....	2a(1)(B)	23050028	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		323050028
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		726175284
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1049225312

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	268572782	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	718890	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		269291672
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	4239713	
(3) Recordkeeping fees	2i(3)	1359805	
(4) IQPA audit fees	2i(4)	35000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	208494	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3086237	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8929249
j Total expenses. Add all expense amounts in column (b) and enter total	2j		278220921

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		771004391
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549492.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 ABBOTT LABORATORIES	D Employer Identification Number (EIN) 36-0698440	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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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): 36-3046063

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	44
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 54.0 % Private Equity: 9.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.0 %
 High-Yield Debt: 9.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 2.0 % Other: 17.0 %

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 Laboratories
Annuity Retirement Plan

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator and Plan Participants
Abbott Laboratories Annuity Retirement Plan

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

We have performed audits of the financial statements of Abbott Laboratories Annuity 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 I 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.

Grant Thornton LLP

Chicago, Illinois
September 26, 2025

Abbott Laboratories
Annuity Retirement Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2024</u>	<u>2023</u>
Assets		
Investment, at fair value		
Plan interest in Master Trust (see notes A and D)	\$ 7,998,481,893	\$ 7,219,632,915
Net assets held in 401(h) account	364,598,253	327,445,595
Receivables		
Company contribution	<u>225,000,000</u>	<u>270,000,000</u>
Total assets	8,588,080,146	7,817,078,510
Liabilities		
Accrued administrative expenses	258,560	261,315
Amounts related to obligation of 401(h) account	<u>364,598,253</u>	<u>327,445,595</u>
Total liabilities	<u>364,856,813</u>	<u>327,706,910</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,223,223,333</u></u>	<u><u>\$ 7,489,371,600</u></u>

The accompanying notes are an integral part of these statements.

Abbott Laboratories
Annuity Retirement Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions		
Company contributions	\$ 225,000,000	\$ 270,000,000
Investment income		
Change in plan interest in Master Trust (see notes A and D)	<u>698,136,395</u>	<u>946,174,857</u>
Total net additions	923,136,395	1,216,174,857
Deductions		
Benefit payments	184,597,025	166,579,849
Administrative expenses	<u>4,687,637</u>	<u>4,432,672</u>
Total deductions	<u>189,284,662</u>	<u>171,012,521</u>
NET INCREASE	733,851,733	1,045,162,336
Net assets available for benefits		
Beginning of year	<u>7,489,371,600</u>	<u>6,444,209,264</u>
End of year	<u><u>\$ 8,223,223,333</u></u>	<u><u>\$ 7,489,371,600</u></u>

The accompanying notes are an integral part of these statements.

**Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE A - DESCRIPTION OF THE PLAN

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

General

The Plan is a defined benefit pension plan for the employees of Abbott Laboratories (Abbott) and certain of its domestic subsidiaries (collectively referred to as the Company). The Plan's assets are held in the Abbott Laboratories Annuity Retirement Trust (the Master Trust), which includes 401(h) account assets that fund benefits under the Abbott Laboratories Retiree Health Care Plan.

Each employee of "participating divisions" of Abbott and its participating subsidiaries is eligible to participate in the Plan, if the employee is a resident of the United States, is at least 21 years of age, and is not otherwise deemed ineligible as specified in the Plan document. Effective June 1, 2024, the Plan was closed: employees who are hired, rehired, or transferred into the U.S. on or after June 1, 2024, will not be eligible to earn pension benefits under the Plan.

Contributions and Funding

Participant contributions are not required or permitted, except for certain qualified individuals prior to October 1, 1989. 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.

Pension Benefits

Participants qualify for normal retirement benefits upon reaching age 65. Effective January 1, 2004, the basic pension formula was simplified and reduced for future service. For each year of benefit service earned after January 1, 2004, the normal monthly pension benefit paid to a participant is calculated as 1.10% of specified average monthly earnings times each year of such benefit service (up to 35 years, when aggregated with pre-2004 years of benefit service). Also, for future service, incentives to retire early were reduced. For employees whose benefit service under the Plan is earned only on or after January 1, 2004, eligibility for early retirement increased to age 55 (with 10 years of service). Also, participants no longer pay for pre-retirement surviving spouse's benefits on service after December 31, 2003.

For each year of benefit service earned prior to January 1, 2004, the normal monthly pension benefit paid to a participant is the greatest of (1) 1.10% of specified average monthly earnings times each year of such benefit service; (2) the excess of (a) 1.65% of specified average monthly earnings, times years of such benefit service up to 20 years, plus 1.50% of specified average monthly earnings, times years of such benefit service in excess of 20 years (maximum 15 years), over (b) a monthly Social Security allowance calculation; (3) the accrued benefit as of December 31, 1993, determined under the terms of the Plan in effect on that date; and (4) the accrued benefit as of December 31, 1988, determined under the terms of the Plan in effect on that date. The normal pension benefits, as determined above, may be (and have been) adjusted periodically as provided under the Plan.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The Plan's normal benefit for unmarried participants is a single life annuity, which provides benefits until the participant's death. The normal benefit for married participants is a 50% joint and survivor annuity. In lieu of the normal forms of payment, terminated participants may elect alternative payment options (if married, with the consent of the participant's spouse). These options either change the terms of the payments to the surviving beneficiary or provide differing joint and survivor benefits. The benefits payable under the annuity options are adjusted for actuarial factors based on the ages of the participant and beneficiary at the date of commencement.

In the case of participants who have accrued benefits with a present value of \$25,000 or less, a participant may elect to receive the present value of his or her accrued benefit in a lump sum at termination. In addition, if the present value of the participant's entire vested benefit does not exceed \$1,000, then the administrator may direct that it be paid in a lump sum upon his or her termination from employment.

Early, normal, late, special (based on seniority) and early special (also based on seniority) retirement benefits and deferred vested termination benefits are available to participants who meet specified criteria of age and credited service, as defined in the Plan document. The Plan also provides a pre-retirement surviving spouse benefit (unless waived by the participant with the spouse's consent) under which a vested participant may provide the spouse with a benefit should the participant die prior to commencing benefits.

Vesting

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

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.

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.

The fair value of the Plan's interest in the Master Trust has been determined based on the fair value of the underlying investments of the Master Trust. Plan management uses the following methods and significant assumptions to estimate the fair value of investments held by the Master Trust:

Interest bearing cash - Valued at the holding amount.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

U.S. Government securities - Valued at prices obtained from independent financial services industry-recognized vendors multiplied by the number of units held. Prices obtained from vendors are on the basis of bid or mid evaluations in accordance to a region's market convention, using factors which include but are not limited to market quotations, yields, maturities, and the bond's terms and conditions. Values represent the price a dealer would pay for a security.

Corporate and other debt instruments - Valued at the published market price per unit or prices obtained from independent financial services industry-recognized vendors multiplied by the number of units held. Prices obtained from vendors are on the basis of bid or mid evaluations in accordance to a region's market convention, using factors which include but are not limited to market quotations, yields, maturities, and the bond's terms and conditions. Values represent the price a dealer would pay for a security.

Corporate stocks - Valued at the published market price per unit multiplied by the number of units held or prices obtained from independent financial services industry-recognized vendors multiplied by the number of units held. Prices obtained from vendors are on the basis of bid or mid evaluations and represent the price a dealer would pay for a security.

103-12 investment entities - Valued at the net asset value (NAV) provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

Collective trusts - Valued at the NAV provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

Registered investment companies - Valued at the published market price per unit multiplied by the number of units held.

Partnerships - Valued at the NAV provided by the administrator or manager of the fund. The NAV is used as a practical expedient to estimate fair value. The NAV for certain partnerships is based on the Plan's year end capital account balance. The NAV for the remaining partnerships is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. One of the partnerships held as of December 31, 2023 is not eligible to use the NAV as a practical expedient as it does not calculate NAV in a manner consistent with the measurement principles of Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic 946 Financial Services – Investment Companies or International Financial Reporting Standards 10 – Consolidated Financial Statements.

See Note D - Interest in Master Trust for the Master Trust's investments by level within the fair value hierarchy as of December 31, 2024 and 2023.

Futures

Futures contracts are held in the Master Trust and are used to manage market risk and foreign currency exchange rate risks associated with the Plan's interest, and to achieve overall investment portfolio objectives by expressing broad asset allocation views. The contracts involve elements of market risk in excess of the amount recognized in the statements of net assets available for benefits. The credit risk associated with the futures contracts is minimal as they are traded on organized exchanges and settled daily.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

During 2024 and 2023, the Plan, through its interest in the Master Trust, was party to futures contracts on various securities held for trading purposes in connection with the Plan's investment mandates. Upon entering into the contracts, the Master Trust is required to deposit, either in cash or securities, an amount equal to a certain percentage of the notional value of the contract. Subsequent payments are then made or received by the Master Trust, depending on the daily fluctuation in the value of the underlying contracts.

The following provides the notional amounts and fair value of futures contracts held by the Master Trust as of December 31, 2024 and 2023. Notional amounts do not quantify risk or represent assets or liabilities of the Master Trust, but are used in the calculation of the cash settlements under the contracts. Daily margin settlement for future contracts results in maintaining a zero-market value for the contracts.

	2024		2023	
	Notional amount	Fair Value	Notional amount	Fair Value
Futures contracts	\$ 312,000,000	\$ -	\$ 235,000,000	\$ -

The following summarizes realized losses from futures contracts included in the Master Trust's net appreciation in fair value of investments for the years ended December 31, 2024 and 2023.

	2024	2023
Futures contracts realized losses	\$ (1,666,241)	\$ (30,236)

Offsetting of Assets and Liabilities

The Plan through its interest in the Master Trust is subject to master netting arrangements or similar agreements with certain counterparties for derivative transactions. These agreements specify not only the collateral movement based on exposure levels, but also the setoff, offsetting and netting provisions with the counterparty. Each financial instrument type of a transaction may be covered by a different master netting arrangement, which may result in multiple agreements with a single counterparty.

The Master Trust holds exchange traded futures; however, since these contracts are settled daily with initial margin and variation margin, the Master Trust considers its credit and counterparty risks to be minimal and therefore the market value and the month-end mark to market value of futures contracts is zero as of the report date.

The following provides summary tables by financial instrument type of the net exposure to derivative assets and liabilities available for offset and net of collateral by counterparty under master netting arrangements or similar agreements at December 31, 2024 and 2023.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

December 31, 2024

<i>Assets:</i>	Description	Gross recognized assets	Gross amounts offset	Net amounts presented in statement of net assets	Gross amounts not offset in statement of net assets		
					Financial instruments	Net collateral received	Net exposure
	Exchange traded futures contracts	\$ (546,089)	\$ 546,089	\$ -	\$ -	\$ -	\$ -
	Total derivatives	\$ (546,089)	\$ 546,089	\$ -	\$ -	\$ -	\$ -

<i>Liabilities:</i>	Description	Gross recognized liabilities	Gross amounts offset	Net amounts presented in statement of net assets	Gross amounts not offset in statement of net assets		
					Financial instruments	Net collateral received	Net exposure
	Exchange traded futures contracts	\$ 1,107,484	\$ (1,107,484)	\$ -	\$ -	\$ -	\$ -
	Total derivatives	\$ 1,107,484	\$ (1,107,484)	\$ -	\$ -	\$ -	\$ -

December 31, 2023

<i>Assets:</i>	Description	Gross recognized assets	Gross amounts offset	Net amounts presented in statement of net assets	Gross amounts not offset in statement of net assets		
					Financial instruments	Net collateral received	Net exposure
	Exchange traded futures contracts	\$ (3,728,684)	\$ 3,728,684	\$ -	\$ -	\$ -	\$ -
	Total derivatives	\$ (3,728,684)	\$ 3,728,684	\$ -	\$ -	\$ -	\$ -

<i>Liabilities:</i>	Description	Gross recognized liabilities	Gross amounts offset	Net amounts presented in statement of net assets	Gross amounts not offset in statement of net assets		
					Financial instruments	Net collateral received	Net exposure
	Exchange traded futures contracts	\$ 3,180,540	\$ (3,180,540)	\$ -	\$ -	\$ -	\$ -
	Total derivatives	\$ 3,180,540	\$ (3,180,540)	\$ -	\$ -	\$ -	\$ -

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.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Net realized and unrealized appreciation (depreciation), along with dividend income and interest income are recorded in the accompanying statements of changes in net assets available for benefits as change in plan interest in Master Trust within investment income.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Investment management fees, custodian fees, actuary fees, audit fees, and Pension Benefit Guaranty Corporation (PBGC, a U.S. government agency) premiums are paid by the Plan. All other major administrative expenses are paid by the Company.

Investment management fees are allocated to the Plan based on the ratio of the Plan's interest in the Master Trust to the fair value of all assets held in the Master Trust. Investment management fees allocated based on the ratio are included in change in plan interest in Master Trust in the accompanying statements of changes in net assets available for benefits. Expenses paid to the PBGC are presented in the accompanying statements of changes in net assets available for benefits as administrative expenses.

NOTE C - 401(h) ACCOUNT

The Company offers certain post-retirement medical benefits to retirees in connection with a separate welfare benefit plan. Under the Internal Revenue Code (the IRC), the Company has an ability to fund a portion of its post-retirement medical obligations through a 401(h) account in the Plan, subject to certain conditions and limitations. A separate account has been established and maintained under the Plan for the net assets related to the medical-benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for or diverted to any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Plan's obligations in Note E, because health benefits are included in the obligations of the health and welfare benefit plan.

Company funding for post-retirement medical benefits through the 401(h) account is actuarially determined, and any funded amounts are accounted for separately. Furthermore, any post-retirement medical benefits must be incidental and subordinate to the pension benefits payable under the Plan, and assets in the trust beyond those in the 401(h) account must be used to pay pension benefits and cannot be used to pay post-retirement medical benefits. Disbursements out of the 401(h) accounts to pay post-retirement medical benefits began in 2010.

The Company's funding for 2024 and 2023 was made in January 2025 and 2024, respectively, in the amounts of \$75,000,000 and \$27,900,000, respectively.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST

The Plan's investments for paying pension benefits as of December 31, 2024 and 2023, are in the Master Trust, along with the investments of the 401(h) account. Each account has an undivided interest in the Master Trust. The assets of the Master Trust are held by The Northern Trust Company (Northern Trust), the trustee/custodian for the Plan. The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual contributions and allocated investment income or loss, less actual distributions and allocated administrative expenses. At December 31, 2024 and 2023, approximately 96.65% and 96.17%, respectively, of the net assets of the Master Trust were available for paying pension benefits and 3.35% and 3.83%, respectively, were available for the 401(h) account. Investment income and investment management expenses relating to the Master Trust are allocated to the individual accounts based on the Master Trust agreement.

The Master Trust's net assets and Plan's interest in the Master Trust's net assets as of December 31, 2024 and 2023, are as follows.

	2024		2023	
	Master Trust	Plan's Interest	Master Trust	Plan's Interest
Assets				
Investments, at fair value				
Interest bearing cash	\$ 464,265	\$ 448,709	\$ 1,150,059	\$ 1,105,969
U.S. Government securities	187,800,271	181,507,625	155,588,673	149,623,829
Corporate debt instruments - preferred	26,368,756	25,485,215	43,487,955	41,820,746
Corporate debt instruments - other	826,663,822	798,964,697	775,516,308	745,785,134
Other debt instruments	1,447,615	1,399,110	2,312,036	2,223,399
Corporate preferred stocks	770,643	744,821	2,719,166	2,614,921
Corporate common stocks	2,128,164,030	2,056,855,380	1,819,523,829	1,749,768,261
103-12 investment entities	330,026,997	318,968,742	305,460,348	293,749,834
Collective trusts	2,271,994,553	2,195,866,557	1,880,363,537	1,808,275,542
Registered investment companies	169,691,528	164,005,653	151,217,908	145,420,627
Partnerships	2,482,637,490	2,399,451,455	2,386,403,357	2,294,915,178
Total investments	8,426,029,970	8,143,697,964	7,523,743,176	7,235,303,440
Receivables				
Accrued interest and dividends	17,551,951	16,963,836	14,866,798	14,296,846
Proceeds from pending trades	7,530,076	7,277,765	6,630,637	6,376,437
Total receivables	25,082,027	24,241,601	21,497,435	20,673,283
Non-interest bearing cash	801,315	774,465	-	-
Total assets	8,451,913,312	8,168,714,030	7,545,240,611	7,255,976,723
Liabilities				
Cash overdraft		-	2,154,267	2,071,678
Accrued expenses	4,737,583	4,578,840	3,637,664	3,498,206
Payable for pending trades	171,396,293	165,653,297	32,000,745	30,773,924
Total liabilities	176,133,876	170,232,137	37,792,676	36,343,808
Total	\$ 8,275,779,436	\$ 7,998,481,893	\$ 7,507,447,935	\$ 7,219,632,915

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The net investment income for the Master Trust for the years ended December 31, 2024 and 2023, is as follows:

	2024	2023
Net appreciation in fair value of investments	\$ 573,609,826	\$ 850,304,480
Interest, dividends and other	152,565,458	139,578,986
Total	<u>\$ 726,175,284</u>	<u>\$ 989,883,466</u>

The following tables summarize the basis used to measure the Master Trust's assets at fair value as of December 31.

	2024				Total
	Quoted prices in active markets	Significant other observable inputs	Significant unobservable inputs	Measured at NAV	
Interest bearing cash	\$ 464,265	\$ -	\$ -	\$ -	\$ 464,265
U.S. Government securities	-	187,800,271	-	-	187,800,271
Corporate debt instruments - preferred	-	26,368,756	-	-	26,368,756
Corporate debt instruments - other	-	826,663,822	-	-	826,663,822
Other debt instruments	-	1,447,615	-	-	1,447,615
Corporate preferred stocks	770,643	-	-	-	770,643
Corporate common stocks	2,127,646,783	5	517,242	-	2,128,164,030
103-12 investment entities	-	-	-	330,026,997	330,026,997
Collective trusts	-	-	-	2,271,994,553	2,271,994,553
Registered investment companies	169,691,528	-	-	-	169,691,528
Partnerships	-	-	-	2,482,637,490	2,482,637,490
	<u>\$ 2,298,573,219</u>	<u>\$ 1,042,280,469</u>	<u>\$ 517,242</u>	<u>\$ 5,084,659,040</u>	<u>\$ 8,426,029,970</u>

	2023				Total
	Quoted prices in active markets	Significant other observable inputs	Significant unobservable inputs	Measured at NAV	
Interest bearing cash	\$ 1,150,059	\$ -	\$ -	\$ -	\$ 1,150,059
U.S. Government securities	-	155,588,673	-	-	155,588,673
Corporate debt instruments - preferred	-	43,487,955	-	-	43,487,955
Corporate debt instruments - other	-	775,516,308	-	-	775,516,308
Other debt instruments	-	2,312,036	-	-	2,312,036
Corporate preferred stocks	2,719,166	-	-	-	2,719,166
Corporate common stocks	1,819,006,582	5	517,242	-	1,819,523,829
103-12 investment entities	-	-	-	305,460,348	305,460,348
Collective trusts	-	-	-	1,880,363,537	1,880,363,537
Registered investment companies	151,217,908	-	-	-	151,217,908
Partnerships	-	-	43,240	2,386,360,117	2,386,403,357
	<u>\$ 1,974,093,715</u>	<u>\$ 976,904,977</u>	<u>\$ 560,482</u>	<u>\$ 4,572,184,002</u>	<u>\$ 7,523,743,176</u>

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Certain investments valued at NAV as a practical expedient have redemption requirements and in some cases restrictions. The following tables provide the redemption requirements and restrictions, if any, for those investments as of December 31, 2024 and 2023. In addition, the tables provide the investment strategies for certain investments measured at NAV as a practical expedient, if that investment is a fund that does not file an annual report on Form 5500 as a direct-filing entity.

	2024			
	Fair value (NAV)	Redemption frequency	Redemption notice period	Restrictions
Funds filing as direct filing entity:				
103-12 investment entities	\$ 330,026,997	Monthly	5 - 90 days	Yes (a)
Collective trusts	236,495,161	Quarterly	45 days	--
Collective trusts	1,951,392,103	Daily	1 day	Yes (b)
Collective trust	84,107,289	Daily	10 days	Yes (c)
Funds not filing as direct filing entity:				
Partnerships:				
Credit, distressed and event driven funds	217,149,350	Quarterly	60 - 90 days	Yes (d)
Long-short funds	131,924,225	Monthly and quarterly	45 days	--
Market neutral funds	125,722,129	Monthly and quarterly	45 - 90 days	Yes (e)
International and emerging equities fund	953,671,483	Monthly	10 - 30 days	--
Private markets	1,054,170,303	n/a	n/a	Yes (f)
	<u>\$ 5,084,659,040</u>			

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

	2023			
	Fair value (NAV)	Redemption frequency	Redemption notice period	Restrictions
Funds filing as direct filing entity:				
103-12 investment entities	\$ 305,460,348	Monthly	5 - 90 days	Yes (a)
Collective trusts	218,698,077	Quarterly	45 days	--
Collective trusts	1,661,665,460	Daily	1 day	Yes (b)
Funds not filing as direct filing entity:				
Partnerships:				
Credit, distressed and event driven funds	198,277,421	Quarterly	60 - 90 days	Yes (d)
Long-short funds	120,386,409	Monthly and quarterly	45 days	--
Market neutral funds	101,248,813	Monthly and quarterly	45 - 90 days	Yes (e)
International and emerging equities fund	978,282,744	Monthly	10 - 30 days	--
Private markets	988,164,730	n/a	n/a	Yes (f)
	<u>\$ 4,572,184,002</u>			

(a) As of December 31, 2024 and 2023, redemption from one fund included in this investment strategy with a fair value of \$187,892,800 and \$174,132,377, respectively, is subject to a 33% gate.

(b) Included in the collective trusts as of December 31, 2024 and 2023 is a fund with a fair value of \$278,090,285 and \$229,247,907, respectively, which must provide five business days' written notice for redemptions in excess of 20% of the Plan's total investment in the fund, otherwise redemptions are permitted daily with one day's notice.

(c) Redemptions from this collective trust, that are in excess of 10% of the collective trust's total investments, may be transferred in kind to a separate account to liquidate the assets over time in a prudent manner.

(d) Redemptions from certain funds included in this investment strategy with fair values totaling \$100,211,375 and \$91,844,517 as of December 31, 2024 and 2023, respectively, are subject to a 25% gate.

(e) As of December 31, 2024 and 2023, \$54,537,819 and \$48,875,703, respectively, of this investment strategy was subject to a lock up until April 1, 2022. Any amount not withdrawn when the lock-up expired is subject to a new 3-year lock until April 1, 2025.

(f) Typically, the private partnerships are committed to 10-year terms. The unfunded commitments as of December 31, 2024 and 2023 are \$540,000,000 and \$555,000,000, respectively.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE E - 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 the 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	5.10% for 2024; 5.28% for 2023
Mortality	Healthy Lives 2024: Pri-2012* White Collar adjusted Employee and Retiree Mortality Table projected generationally from 2012 using Scale MP-2021 2023: Pri-2012* White Collar Adjusted 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 using 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 Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Retirement age	Active Retirements Rates		
	Age	2024 Retirement rate	2023 Retirement rate
	50	6.0%	6.0%
	51	5.5	5.5
	52	4.0	4.0
	53	4.5	4.5
	54	6.0	6.0
	55	10.5	10.5
	56-57	8.0	9.0
	58	11.0	12.0
	59	12.0	13.0
	60	14.0	14.0
	61	12.0	13.0
	62	15.5	16.5
	63	16.0	17.0
	64	17.5	18.5
	65-69	28.0	29.0
	70+	100.0	100.0

Retirement age	Terminated Vested Retirement Rates	
	Age	2024 and 2023 Retirement rate
	50	3.5%
	51-52	2.5
	53	2.0
	54	6.0
	55	11.0
	56-57	7.5
	58	10.5
	59	12.0
	60	17.0
	61	20.0
	62	34.0
	63	19.0
	64	50.0
	65+	100.0

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 may be applicable in determining the actuarial present value of accumulated plan benefits.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

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

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$2,213,782,622	\$1,996,011,715
Other participants	<u>2,389,451,920</u>	<u>2,209,587,221</u>
Total vested benefits	4,603,234,542	4,205,598,936
Non-vested benefits	<u>150,156,526</u>	<u>140,942,791</u>
Total actuarial present value of accumulated plan benefits	<u>\$4,753,391,068</u>	<u>\$4,346,541,727</u>

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	\$4,346,541,727
Change during the year attributable to	
Interest accumulation	225,171,849
Change in assumptions (primarily lower interest rate assumptions due to a change in the yield curve)	130,236,699
Benefits paid	(166,579,849)
Benefits accumulated and other	<u>218,020,642</u>
Actuarial present value of accumulated plan benefits, January 1, 2024	<u>\$4,753,391,068</u>

NOTE F - 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 the provisions of ERISA. 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.

If the Plan terminates, a portion of the benefits under the Plan is insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. 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 those benefits, and may also depend on the level of benefits guaranteed by the PBGC.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE G - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 7, 2017, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC in all material respects.

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 IRS or other 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.

NOTE H - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31,	
	2024	2023
Net assets available for benefits per the financial statements	\$ 8,223,223,333	\$ 7,489,371,600
Net assets held in 401(h) account included as assets in the Form 5500		
Cash	67,933	477,230
Investments	277,297,543	287,815,020
Company contributions receivable	75,000,000	27,900,000
Participant contributions receivable	610,000	615,000
Due from claims administrators	15,449,878	13,358,339
Due to claims administrators	(3,827,101)	(2,689,926)
Other fees and expenses payable	-	(30,068)
Total 401(h) account net assets	<u>364,598,253</u>	<u>327,445,595</u>
Net assets available for benefits per the Form 5500	<u>\$ 8,587,821,586</u>	<u>\$ 7,816,817,195</u>

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits, but can be used only to pay retiree health benefits.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the years ended December 31:

	2024		
	Amounts per financial statements	401(h) account	Amounts per Form 5500
Company contributions	\$ 225,000,000	\$ 75,000,000	\$ 300,000,000
Participant contributions	-	23,050,028	23,050,028
Change in plan interest in Master Trust	698,136,395	28,038,889	726,175,284
Benefit payments	184,597,025	83,975,757	268,572,782
Health maintenance organization premiums	-	718,890	718,890
Administrative expenses	4,687,637	4,241,612	8,929,249
	2023		
	Amounts per financial statements	401(h) account	Amounts per Form 5500
Company contributions	\$ 270,000,000	\$ 27,900,000	\$ 297,900,000
Participant contributions	-	22,896,240	22,896,240
Change in plan interest in Master Trust	946,174,857	43,708,609	989,883,466
Benefit payments	166,579,849	84,332,210	250,912,059
Health maintenance organization premiums	-	633,737	633,737
Administrative expenses	4,432,672	4,922,202	9,354,874

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE/CUSTODIAN

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, Northern Trust has certified that the following data included in the accompanying financial statements is complete and accurate:

- Investment, 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.

Abbott Laboratories
Annuity Retirement Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

- Note D – Interest in Master Trust, net assets of the Master Trust available for benefits as of December 31, 2024 and 2023, and net investment income in Master Trust for the years ended December 31, 2024 and 2023, except for accrued expenses and investment management expenses, which are included within net appreciation in fair value of investments.
 - Investments held in the 401(h) account, as shown in Note H as of December 31, 2024 and 2023.
-

NOTE J - RELATED-PARTY TRANSACTIONS

Certain Plan assets are invested in funds managed by Northern Trust and in Northern Trust common stock. Northern Trust is the trustee/custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. In addition, certain Plan assets are invested in the common stock of Aon plc and corporate debt issued by Aon plc. Aon plc is the parent company of Aon Consulting, Inc., the actuary of the Plan; therefore, these transactions qualify as party-in-interest transactions.

NOTE K - 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.

NOTE L - 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 disclosure in the financial statements.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

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

Number of Participants and Average Compensation

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	164 \$70,040	363 \$73,331	9							
25-29	287 \$91,127	995 \$94,707	285 \$106,316	1						
30-34	317 \$106,085	1,089 \$110,368	593 \$121,713	88 \$160,431	1					
35-39	255 \$128,023	858 \$126,306	674 \$139,220	248 \$161,142	155 \$138,684	4				
40-44	224 \$146,653	751 \$140,631	562 \$156,866	279 \$171,160	394 \$168,007	183 \$147,490	3			
45-49	158 \$160,772	600 \$144,124	454 \$169,267	244 \$183,940	418 \$172,198	424 \$179,646	164 \$170,742	3		
50-54	109 \$143,199	499 \$141,334	376 \$158,750	244 \$181,132	407 \$171,005	448 \$169,598	351 \$177,481	125 \$165,969	4	
55-59	91 \$141,414	337 \$133,420	306 \$150,423	206 \$166,434	350 \$154,478	321 \$160,029	283 \$177,571	276 \$185,086	58 \$171,020	1
60-64	34 \$124,828	189 \$118,929	163 \$134,689	131 \$144,346	228 \$134,598	159 \$149,126	182 \$172,637	158 \$169,938	79 \$172,488	16
65-69	7	69 \$113,269	55 \$141,795	42 \$129,870	66 \$136,343	63 \$146,291	44 \$174,950	37 \$171,736	32 \$195,081	18
70+	2	5	7	10	10	5	10	9	4	2

N-17,875

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

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 stabilization corridor

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

Minimum Funding Target Normal Cost See Tables 1-2

Maximum Tax Expected Benefit Increase See Tables 1-2

Cash Balance Interest Crediting Rate 6.25%

Cash Balance Annuity Conversion Rate 6.25%

Social Security Wage Base Increases Future wage indices are based on a national wage increase of 3.00% per year.

Optional Payment Form Election Percentage

Annuity Retirement Plan

Active Employees

	Male	Female
Life Annuity	15%	35%
100% Joint & Survivor	35%	15%
75% Joint & Survivor	5%	0%
50% Joint & Survivor	15%	15%
15-Year C&L	0%	5%
50% Joint & Survivor Level Income	5%	5%
100% Joint & Survivor Level Income	15%	10%
Level Income	10%	15%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Optional Payment Form Election Percentage

Annuity Retirement Plan

Terminated Vested Employees

	Male	Female
Life Annuity	25%	45%
100% Joint & Survivor	45%	20%
75% Joint & Survivor	5%	5%
50% Joint & Survivor	20%	20%
10 Year C&L	0%	5%
15-Year C&L	5%	5%

Former BASF Employees

	Not Retirement Eligible	Retirement Eligible
Lump Sum	100%	80%
Life Annuity	0%	20%

Former Solvay Employees with Traditional Benefits

	Not Retirement Eligible	Retirement Eligible
Deferred to 62 Life Annuity	50%	0%
Deferred to 65 Life Annuity	50%	0%
Immediate Life Annuity	0%	50%
100% Joint & Survivor	0%	30%
50% Joint & Survivor	0%	20%

Former Solvay Employees with Cash Balance Benefits

	Not Retirement Eligible	Retirement Eligible
Lump Sum	100%	100%

Optional Payment Form Conversion Interest Rate

6.00%; Same as funding interest rates above for lump sum and level income options

Optional Payment Form Conversion Mortality

Revenue Ruling 01-62 mortality table; Current 417(e) table for lump sum and level income options

Schedule SB Attachment (Form 5500) —2024 Plan Year
Abbott Laboratories Annuity Retirement Plan
EIN: 36-0698440 PN: 333

Retirement Age

Active Participants See Table 3, participants on paid continuing leave are assumed to retire immediately

Terminated Vested Participants See Table 4

Mortality Rates

Healthy and Disabled 2024 generational mortality table for annuitants and non-annuitants per IRC Section 1.430(h)(3)-1b

Withdrawal Rates

See Table 5, participants on paid continuing leave are assumed to terminate immediately

Disability Rates

See Table 6

Decrement Timing

Middle of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit

ARP It is assumed that 80% of males and 65% of females have an eligible spouse. Males are assumed to be two years older than their spouses, and females are assumed to be two years younger than their spouses.

Former BASF and Former Solvay Employees It is assumed that 80% of males and 65% of females have an eligible spouse. Males are assumed to be two years older than their spouses, and females are assumed to be two years younger than their spouses.

Valuation Compensation

Compensation used in the valuation includes annual rate of base pay, cash profit sharing, target management incentive bonus, target divisional incentive bonus, and sales (other) bonuses rolled forward one year with the salary increase assumption

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.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Abbott Laboratories Annuity Retirement Plan
EIN: 36-0698440 PN: 333

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%

Trust Expenses Included in Target Normal Cost

\$6,160,000

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Table 1

Salary Merit Increase Rates--for ARP Exempt, and Former BASF and Former Solvay Employees
 Years of Service

Age	0	1	2	3	4+
≤29	12.00%	7.00%	7.00%	7.00%	7.00%
30	12.00%	7.00%	6.00%	6.00%	6.00%
31	12.00%	7.00%	6.00%	6.00%	6.00%
32	12.00%	7.00%	6.00%	6.00%	6.00%
33	12.00%	7.00%	6.00%	6.00%	6.00%
34	12.00%	7.00%	6.00%	6.00%	6.00%
35	12.00%	7.00%	6.00%	5.00%	5.00%
36	12.00%	7.00%	6.00%	5.00%	5.00%
37	12.00%	7.00%	6.00%	5.00%	5.00%
38	12.00%	7.00%	6.00%	5.00%	5.00%
39	12.00%	7.00%	6.00%	5.00%	5.00%
40	12.00%	7.00%	6.00%	5.00%	4.00%
41	12.00%	7.00%	6.00%	5.00%	4.00%
42	12.00%	7.00%	6.00%	5.00%	4.00%
43	12.00%	7.00%	6.00%	5.00%	4.00%
44	12.00%	7.00%	6.00%	5.00%	4.00%
45	12.00%	7.00%	6.00%	5.00%	3.00%
46	12.00%	7.00%	6.00%	5.00%	3.00%
47	12.00%	7.00%	6.00%	5.00%	3.00%
48	12.00%	7.00%	6.00%	5.00%	3.00%
49	12.00%	7.00%	6.00%	5.00%	3.00%
50	12.00%	7.00%	6.00%	5.00%	3.00%
51	12.00%	7.00%	6.00%	5.00%	3.00%
52	12.00%	7.00%	6.00%	5.00%	3.00%
53	12.00%	7.00%	6.00%	5.00%	3.00%
54	12.00%	7.00%	6.00%	5.00%	3.00%
55	12.00%	7.00%	6.00%	5.00%	3.00%
56	12.00%	7.00%	6.00%	5.00%	3.00%
57	12.00%	7.00%	6.00%	5.00%	3.00%
58	12.00%	7.00%	6.00%	5.00%	3.00%
59	12.00%	7.00%	6.00%	5.00%	3.00%
60+	12.00%	7.00%	6.00%	5.00%	2.50%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Table 2

Salary Merit Increase Rates—for ARP Non-Exempt Employees

Age	Years of Service				
	0	1	2	3	4+
≤29	8.00%	5.00%	4.00%	3.50%	3.50%
30	8.00%	5.00%	4.00%	3.50%	3.00%
31	8.00%	5.00%	4.00%	3.50%	3.00%
32	8.00%	5.00%	4.00%	3.50%	3.00%
33	8.00%	5.00%	4.00%	3.50%	3.00%
34	8.00%	5.00%	4.00%	3.50%	3.00%
35	8.00%	5.00%	4.00%	3.50%	3.00%
36	8.00%	5.00%	4.00%	3.50%	3.00%
37	8.00%	5.00%	4.00%	3.50%	3.00%
38	8.00%	5.00%	4.00%	3.50%	3.00%
39	8.00%	5.00%	4.00%	3.50%	3.00%
40	8.00%	5.00%	4.00%	3.50%	3.00%
41	8.00%	5.00%	4.00%	3.50%	3.00%
42	8.00%	5.00%	4.00%	3.50%	3.00%
43	8.00%	5.00%	4.00%	3.50%	3.00%
44	8.00%	5.00%	4.00%	3.50%	3.00%
45	8.00%	5.00%	4.00%	3.50%	3.00%
46	8.00%	5.00%	4.00%	3.50%	3.00%
47	8.00%	5.00%	4.00%	3.50%	3.00%
48	8.00%	5.00%	4.00%	3.50%	3.00%
49	8.00%	5.00%	4.00%	3.50%	3.00%
50	8.00%	5.00%	4.00%	3.50%	3.00%
51	8.00%	5.00%	4.00%	3.50%	3.00%
52	8.00%	5.00%	4.00%	3.50%	3.00%
53	8.00%	5.00%	4.00%	3.50%	3.00%
54	8.00%	5.00%	4.00%	3.50%	3.00%
55	8.00%	5.00%	4.00%	3.50%	3.00%
56	8.00%	5.00%	4.00%	3.50%	3.00%
57	8.00%	5.00%	4.00%	3.50%	3.00%
58	8.00%	5.00%	4.00%	3.50%	3.00%
59	8.00%	5.00%	4.00%	3.50%	3.00%
60+	8.00%	5.00%	4.00%	3.50%	2.50%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Table 3

Active Retirement Rates

Age	Calendar Years				
	2022-2023	2024-2025	2026-2027	2028-2029	2030+
≤49	0.00%	0.00%	0.00%	0.00%	0.00%
50	6.00%	6.00%	6.00%	6.00%	6.00%
51	5.50%	5.50%	5.50%	5.50%	5.50%
52	4.00%	4.00%	4.00%	4.00%	4.00%
53	4.50%	4.50%	4.50%	4.50%	4.50%
54	6.00%	6.00%	6.00%	6.00%	6.00%
55	10.50%	10.50%	10.50%	10.50%	10.50%
56	9.00%	8.00%	7.00%	6.00%	5.00%
57	9.00%	8.00%	7.00%	6.00%	5.00%
58	12.00%	11.00%	10.00%	9.00%	8.00%
59	13.00%	12.00%	11.00%	10.00%	9.00%
60	14.00%	14.00%	14.00%	14.00%	14.00%
61	13.00%	12.00%	11.00%	10.00%	9.00%
62	16.50%	15.50%	14.50%	13.50%	12.50%
63	17.00%	16.00%	15.00%	14.00%	13.00%
64	18.50%	17.50%	16.50%	15.50%	14.50%
65	29.00%	28.00%	27.00%	26.00%	25.00%
66	29.00%	28.00%	27.00%	26.00%	25.00%
67	29.00%	28.00%	27.00%	26.00%	25.00%
68	29.00%	28.00%	27.00%	26.00%	25.00%
69	29.00%	28.00%	27.00%	26.00%	25.00%
70	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Table 4

TV Retirement Rates

<u>Age</u>	<u>Rate</u>
49	0.00%
50	3.50%
51	2.50%
52	2.50%
53	2.00%
54	6.00%
55	11.00%
56	7.50%
57	7.50%
58	10.50%
59	12.00%
60	17.00%
61	20.00%
62	34.00%
63	19.00%
64	50.00%
65	100.00%

Note: Solvay participants who are under age 65 and who have greater than or equal to 85 points have assumed retirement rates of 30.00% per year.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
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Table 5

Withdrawal Rates

Age	Years of Service		
	<4	4	5+
≤29	12.50%	12.50%	12.50%
30	12.50%	9.00%	8.00%
31	12.50%	9.00%	8.00%
32	12.50%	9.00%	8.00%
33	12.50%	9.00%	8.00%
34	12.50%	9.00%	8.00%
35	12.50%	9.00%	6.50%
36	12.50%	9.00%	6.50%
37	12.50%	9.00%	6.50%
38	12.50%	9.00%	6.50%
39	12.50%	9.00%	6.50%
40	12.50%	9.00%	5.50%
41	12.50%	9.00%	5.50%
42	12.50%	9.00%	5.50%
43	12.50%	9.00%	5.50%
44	12.50%	9.00%	5.50%
45	12.50%	9.00%	5.50%
46	12.50%	9.00%	5.50%
47	12.50%	9.00%	5.50%
48	12.50%	9.00%	5.50%
49	12.50%	9.00%	5.50%
50	12.50%	9.00%	6.50%
51	12.50%	9.00%	6.50%
52	12.50%	9.00%	6.50%
53	12.50%	9.00%	6.50%
54	12.50%	9.00%	6.50%
55	12.50%	9.00%	9.00%
56	12.50%	9.00%	9.00%
57	12.50%	9.00%	9.00%
58	12.50%	9.00%	9.00%
59	12.50%	9.00%	9.00%
60	12.50%	9.00%	9.00%
61	12.50%	9.00%	9.00%
62	12.50%	9.00%	9.00%
63	12.50%	9.00%	9.00%
64	12.50%	9.00%	9.00%
65+	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Table 6

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.015%	0.015%	40	0.040%	0.065%
16	0.015%	0.015%	41	0.045%	0.075%
17	0.015%	0.015%	42	0.050%	0.085%
18	0.015%	0.015%	43	0.060%	0.095%
19	0.015%	0.015%	44	0.070%	0.110%
20	0.015%	0.015%	45	0.080%	0.120%
21	0.015%	0.015%	46	0.090%	0.135%
22	0.015%	0.015%	47	0.105%	0.150%
23	0.015%	0.015%	48	0.125%	0.165%
24	0.015%	0.015%	49	0.140%	0.180%
25	0.015%	0.015%	50	0.165%	0.200%
26	0.015%	0.015%	51	0.195%	0.220%
27	0.015%	0.015%	52	0.230%	0.245%
28	0.015%	0.020%	53	0.265%	0.270%
29	0.015%	0.020%	54	0.305%	0.295%
30	0.015%	0.020%	55	0.345%	0.320%
31	0.015%	0.025%	56	0.385%	0.345%
32	0.015%	0.025%	57	0.430%	0.370%
33	0.015%	0.030%	58	0.475%	0.400%
34	0.015%	0.030%	59	0.525%	0.425%
35	0.020%	0.035%	60	0.575%	0.450%
36	0.020%	0.040%	61	0.630%	0.480%
37	0.025%	0.045%	62	0.690%	0.505%
38	0.030%	0.050%	63	0.755%	0.525%
39	0.035%	0.060%	64	0.820%	0.545%
			65+	0.000%	0.000%

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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.

A Name of plan ABBOTT LABORATORIES ANNUITY RETIREMENT PLAN		B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ABBOTT LABORATORIES		D Employer Identification Number (EIN) 36-0698440	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F 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

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	7,489,333,086	
b Actuarial value	2b	7,541,661,575	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6,568	2,128,131,062	2,128,131,062
b For terminated vested participants	6,095	486,128,716	486,128,716
c For active participants	17,875	1,770,434,980	1,923,375,294
d Total	30,538	4,384,694,758	4,537,635,072
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.23%	
6 Target normal cost			
a Present value of current plan year accruals	6a	193,422,770	
b Expected plan-related expenses	6b	6,160,000	
c Target normal cost	6c	199,582,770	

Statement by Enrolled Actuary

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

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

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 59

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	199,582,770
b Excess assets, if applicable, but not greater than line 31a	31b	199,582,770

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 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** 213,787,491

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

a Total (excess, if any, of line 37 over line 36)	38a	213,787,491
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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.23%	Interest Adjusted Contribution
January 2, 2025	\$ 225,000,000	367	\$ 213,787,491
Total Contribution	\$ 225,000,000		\$ 213,787,491

Schedule SB Attachment (Form 5500) —2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
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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)
50.5	6.00%	1.0000	3.03
51.5	5.50%	0.9400	2.66
52.5	4.00%	0.8883	1.87
53.5	4.50%	0.8528	2.05
54.5	6.00%	0.8144	2.66
55.5	10.50%	0.7655	4.46
56.5	9.00%	0.6851	3.48
57.5	9.00%	0.6235	3.23
58.5	12.00%	0.5674	3.98
59.5	13.00%	0.4993	3.86
60.5	14.00%	0.4344	3.68
61.5	13.00%	0.3736	2.99
62.5	16.50%	0.3250	3.35
63.5	17.00%	0.2714	2.93
64.5	18.50%	0.2252	2.69
65.5	29.00%	0.1836	3.49
66.5	29.00%	0.1303	2.51
67.5	29.00%	0.0925	1.81
68.5	29.00%	0.0657	1.31
69.5	29.00%	0.0466	0.94
70	100.00%	0.0331	2.32
Weighted Average			59.30

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Schedule SB, line 26b – Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	11,907,579	2,204,099	170,126,198	184,237,876
2025	25,792,982	5,312,751	166,940,460	198,046,193
2026	38,954,663	8,139,150	163,946,055	211,039,868
2027	51,656,602	11,159,364	161,080,287	223,896,253
2028	63,427,943	14,149,925	158,484,871	236,062,739
2029	74,673,404	16,894,629	156,112,972	247,681,005
2030	85,330,193	19,549,308	153,852,416	258,731,917
2031	95,412,367	22,274,406	151,441,421	269,128,194
2032	104,898,596	24,796,177	149,061,580	278,756,353
2033	114,121,287	27,415,233	146,591,509	288,128,029
2034	122,841,262	29,722,609	143,937,162	296,501,033
2035	131,136,757	32,231,439	140,981,916	304,350,112
2036	138,953,580	34,414,831	137,732,152	311,100,563
2037	146,200,229	36,349,283	134,212,116	316,761,628
2038	152,820,186	38,328,753	130,333,261	321,482,200
2039	158,484,243	39,898,636	126,161,747	324,544,626
2040	163,421,769	41,197,631	121,678,736	326,298,136
2041	167,637,924	42,567,118	116,862,002	327,067,044
2042	170,847,937	43,790,076	111,723,862	326,361,875
2043	173,346,684	44,695,217	106,271,947	324,313,848
2044	174,901,126	45,423,539	100,540,692	320,865,357
2045	175,651,702	45,875,308	94,555,233	316,082,243
2046	175,650,382	46,109,082	88,349,649	310,109,113
2047	174,845,159	46,126,601	81,973,933	302,945,693
2048	173,279,069	46,010,625	75,490,685	294,780,379
2049	170,996,293	45,719,254	68,965,393	285,680,940
2050	168,068,691	45,261,077	62,470,867	275,800,635
2051	164,397,428	44,624,680	56,081,604	265,103,712
2052	160,104,052	43,883,209	49,872,333	253,859,594
2053	155,379,256	42,857,818	43,914,653	242,151,727
2054	150,137,504	41,668,836	38,273,705	230,080,045
2055	144,331,064	40,277,601	33,005,296	217,613,961
2056	138,120,401	38,819,823	28,153,581	205,093,805
2057	131,525,674	37,202,058	23,749,187	192,476,919
2058	124,648,137	35,499,670	19,808,642	179,956,449

Schedule SB Attachment (Form 5500) –2024 Plan Year
 Abbott Laboratories Annuity Retirement Plan
 EIN: 36-0698440 PN: 333

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	117,560,375	33,705,211	16,334,719	167,600,305
2060	110,310,075	31,850,212	13,317,301	155,477,588
2061	102,985,351	29,903,655	10,735,213	143,624,219
2062	95,684,412	27,974,307	8,558,427	132,217,146
2063	88,480,738	26,036,901	6,750,296	121,267,935
2064	81,434,890	24,100,244	5,270,240	110,805,374
2065	74,598,788	22,199,080	4,076,068	100,873,936
2066	68,022,131	20,347,887	3,125,986	91,496,004
2067	61,742,538	18,557,638	2,380,269	82,680,445
2068	55,790,464	16,856,653	1,802,409	74,449,526
2069	50,187,729	15,219,644	1,359,928	66,767,301
2070	44,948,457	13,675,150	1,024,708	59,648,315
2071	40,080,214	12,217,678	773,050	53,070,942
2072	35,584,070	10,856,686	585,419	47,026,175
2073	31,455,507	9,593,788	446,070	41,495,365

Schedule SB Attachment (Form 5500) —2024 Plan Year
Abbott Laboratories Annuity Retirement Plan
EIN: 36-0698440 PN: 333

Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan – Annuity Retirement Plan

Effective Date	December 1, 1945. Last restated effective January 1, 2024.
Eligibility for Participation	Each employee who was a participant as of October 1, 1989, and each regular employee hired by a participating division or subsidiary of Abbott thereafter who is a resident of the United States and who has attained age 21. Effective June 1, 2024, the Plan was closed: employees who are hired, rehired, or transferred into the U.S. on or after June 1, 2024, are not eligible to earn pension benefits under the Plan.
Retirement Dates	
Normal	End of month in which 65th birthday occurs.
Early	End of any month prior to the normal retirement date. A participant is eligible to elect early retirement when he has attained age 55 and completed 10 years of vesting service or for a participant who was active on or before December 31, 2003 when he has attained age 50 and has completed 10 years of vesting service or when the participant has attained age 55 and his age plus his completed years of vesting service equal at least 70.
Special	End of any month prior to normal retirement date. A participant is eligible for special retirement if he is 55 years of age and his age and completed years of seniority service equal at least 94 and was a participant on or before December 31, 2003.
Early Special	The end of any calendar month prior to the normal retirement date. A participant shall be eligible for early special retirement if he is 55 years of age or over and, if he were to continue as a participant, would be eligible for special retirement prior to his normal retirement date and was a participant on or before December 31, 2003.
Disability	Effective January 1, 1979, no additional disability benefits are payable under the plan. Those participants receiving disability benefits prior to 1979 continue to be paid. Service is credited under the plan during the period an employee is receiving benefits under the Long-Term Disability Plan prior to his termination of employment.

Schedule SB Attachment (Form 5500) —2024 Plan Year
Abbott Laboratories Annuity Retirement Plan
EIN: 36-0698440 PN: 333

Summary of Plan – Annuity Retirement Plan

Vested Deferred

Termination after completion of five or more years of vesting service.

Retirement Benefits

Normal

A monthly amount equal to the greatest of the following:

- (1) 1.10% of final earnings for each year of pre-2004 benefit service (maximum of 35).
- (2)
 - (a) 1.65% of final earnings times years of pre-2004 benefit service up to 20 plus 1.50% of final earnings times years of pre-2004 benefit service over 20 (maximum 15) less
 - (b) 0.5% of the lesser of final average compensation or covered compensation times years of pre-2004 benefit service up to 35 years.
- (3) The accrued benefit as of December 31, 1993 determined under the terms of the plan in effect on that date.
- (4) The accrued benefit as of December 31, 1988 determined under the terms of the plan in effect on that date.

Plus

- (5) 1.10% of final average earnings for each year of post-2003 benefit service. Total service pre-2004 and post-2003 cannot exceed 35 years.

Early

Same as normal retirement benefit but reduced for each month retirement precedes age 62 as follows:

For (1) and 2(a): 1/4 of 1%.

For 2(b): 5/12 of 1%.

For (3) and (4): Determined under the terms of the plan in effect on the date of the calculations.

For (5): If early retirement is on or after age 55, 5/12 of 1%. If early retirement is before age 55, the benefit is actuarially reduced from age 65.

Schedule SB Attachment (Form 5500) –2024 Plan Year
Abbott Laboratories Annuity Retirement Plan
EIN: 36-0698440 PN: 333

Summary of Plan – Annuity Retirement Plan

Retirement Benefits

Special	Same as normal retirement benefit, but based on seniority service rather than benefit service, and reduced for each month retirement precedes age 62 as follows: For (1): 0%. For 2(a): $\frac{5}{36}$ of 1% between ages 59 and 62, and $\frac{5}{24}$ of 1% between ages 55 and 59. For 2(b) and (5): $\frac{5}{12}$ of 1%. For (3) and (4): Determined under the terms of the plan in effect on the date of the calculations.
Early Special	Same as special retirement based on seniority service and pay as of Early Special retirement date and reduced as follows: For (1): $\frac{1}{4}$ of 1% for each month retirement precedes the earlier of the special retirement eligibility date and age 62. For 2(a), 2(b), (3), (4), and (5): Same reduction as special retirement.
Vested Deferred	Same as normal retirement benefit. Benefit may commence as early as the participant's earliest retirement date, actuarially reduced for early commencement.
Medium of Funding	Corporate trustee.

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Summary of Plan – Annuity Retirement Plan

Definitions

Vesting Service

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

- (1) A participant will receive vesting service for credited service entitled under the plan prior to January 1, 1987, but including service after age 18 and prior to age 30.
- (2) Beginning January 1, 1987, a participant shall be entitled to 1/12 of a year of vesting service for each full or partial calendar month during which he is a participant.
- (3) Service occurring before a participant has attained age 18 years shall not be included in determining his years of vesting service.
- (4) Except for participants on a military leave, or on an unpaid leave of absence of no more than one year, or who are entitled to receive benefits under the Abbott Laboratories Long-Term Disability Plan, no vesting service will be given for any service prior to October 1, 1989, during which a participant did not make contributions to the plan.

Benefit Service

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

- (1) A participant will receive benefit service for credited service entitled under the plan prior to January 1, 1987.
- (2) Beginning January 1, 1987, 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.

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Summary of Plan – Annuity Retirement Plan

Definitions

Benefit Service

- (4) Except for participants on a military leave, or on an unpaid leave of absence of no more than one year, or who are entitled to receive benefits under the Abbott Laboratories Long-Term Disability Plan, no benefit service will be given for any service prior to October 1, 1989, during which a participant did not make contributions to the plan.

Seniority Service

Same as Vesting Service plus service before the participant attained age 18. Maximum Seniority Service is 35 years. No Seniority Service is earned after the month in which the participant attains age 65.

Final Earnings

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

Basic Earnings

The total of base pay, overtime and shift and other premiums, commissions, sick pay, pay conversion contributions under the Stock Retirement Plan, pay reduction contributions made by a participant under the Flexible Benefits Plan, cash profit sharing, Management Incentive Plan bonus, Divisional Incentive bonus, and other cash bonuses calculated on a uniform basis and paid no more frequently than annually to all hourly-paid employees on a plant-wide basis.

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 36 consecutive months next preceding retirement or termination but excluding basic earnings for any year in 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.

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Summary of Plan – Annuity Retirement Plan

Definitions

Employee Contributions

As of October 1, 1989, employee contributions were eliminated. Prior to that time, each participant contributed 1% of basic earnings subject to tax under the Social Security Act plus 2% of basic earnings in excess of the portion subject to such tax up to 35 calendar years.

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 100% 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 100% 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. Benefits are actuarially reduced for commencement before age 65.

If the participant was not employed by an employer or controlled group member at the date of his death, the 100% spouse's benefit described in both paragraphs above is reduced to 50%.

The company pays the cost of this death benefit protection for active employees below age 45. All other employees pay the cost of the equivalent 50% death benefit protection by taking a reduction in their prospective retirement benefits for pre-2004 service only.

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Summary of Plan – Annuity Retirement Plan

Definitions

Death and Nonvested Termination Benefits

Upon death or termination, in the absence of other benefit payments, the employee's contributions will be payable with interest which is defined as follows:

- (1) 50% of the accumulated contributions made prior to January 1, 1976, plus
- (2) The greater of:
 - (a) 50% of the accumulated contributions made after January 1, 1976.
 - (b) 5% (or prescribed Treasury rate) of the contributions made after January 1, 1976, to December 31, 1987, compounded annually, plus 120% of the federal mid-term rate of the contributions made after December 31, 1987.

If the actuarial equivalent of benefits that have been paid to or on behalf of a participant is less than his contributions with interest, an amount equal to the difference will be paid to a beneficiary.

Payment of Benefit

If a participant is legally married to the same spouse for at least one year, then the benefit shall be a 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

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Summary of Plan – Former BASF Plan

Eligibility	One year of service
Plan Benefits	The plan provides benefits under one of two benefit structures—a traditional pension benefit and a cash balance pension benefit. Employees hired prior to July 1, 1999 who were employed on January 1, 2000 earn traditional pension benefits unless they elected to earn cash balance pension benefits. Employees hired after June 30, 1999 earn cash balance pension benefits.
Traditional Pension Benefits	
Normal Retirement	
Eligibility	Age 65.
Benefit	<p>A monthly amount equal to the greater of (a) and (b) below:</p> <p>(a) (1) 1.50% of Final Average Earnings times years of Credited Service; less</p> <p>(2) 1.67% of the Primary Social Security Benefit times years of Credited Service (maximum 30); and</p> <p>(b) 1.25% of Final Average Earnings, not exceeding the Social Security Wage Base in the calendar year of retirement, times years of Credited Service.</p> <p>The benefit will not be less than benefit accrued under the Boots Retirement Plan.</p>
Early Retirement	
Eligibility	Age 55 with 10 years of vesting service.
Benefit	<p>The early retirement benefit payable prior to age 62 is equal to the greater of:</p> <p>(a) 1.50% of Final Average Earnings times years of Credited Service; and</p> <p>(b) 1.25% of Final Average Earnings, not exceeding the Social Security Wage Base in the calendar year of retirement, times years of Credited Service.</p> <p>This benefit is reduced for early retirement by 4% per year for each year (or portion thereof) by which the benefit commencement date precedes age 62. Benefits are unreduced for participants who have earned 85 points (age plus vesting service) as of their retirement date.</p>

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Summary of Plan – Former BASF Plan

Traditional Pension Benefits

Early Retirement

Benefit

At or after age 62, the benefit payable to the participant is equal to the greater of (a) and (b) below:

- (a) (1) 1.50% of Final Average Earnings times years of Credited Service projected to the Normal Retirement Age, reduced for early commencement as described on the previous page; less
- (2) 1.67% of the Primary Social Security Benefit times years of Credited Service projected to the Normal Retirement Age (maximum 30); and
- (b) 1.25% of Final Average Earnings, not exceeding the Social Security Wage Base in the calendar year of retirement, times years of Credited Service projected to the Normal Retirement Age, reduced for early commencement as described on the previous page.

This benefit is then multiplied by a fraction equal to:

- (a) Credited Service as of the date of termination; divided by
- (b) Credited Service projected to the Normal Retirement Age.

Vested Deferred Retirement

Eligibility

Termination after five years of vesting service.

Benefit

Calculated as for normal retirement but reflecting Credited Service projected to Normal Retirement Age. This benefit is then multiplied by a fraction equal to:

- (a) Credited Service as of the date of termination; divided by
- (b) Credited Service projected to the Normal Retirement Age.

Participants with 10 years of service at termination may commence this benefit as early as age 55. The benefit is reduced 6-2/3% for each of the first five years and 3-1/3% for each of the next five years that the benefit commencement date precedes age 65.

To determine the benefit payable under the offset formula, the Social Security offset is reduced for early commencement.

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Summary of Plan – Former BASF Plan

Traditional Pension Benefits

Disability Retirement

Eligibility

Receiving benefits under the BASF Corporation Long-Term Disability Benefit Plan.

Benefit

Disabled participants continue to accrue Credited Service while disabled. Final average earnings at retirement are calculated assuming that the participant continues to accrue earnings based upon the greater of earnings during the 12 months prior to disability and final average earnings at the date of disability. The benefit is payable at age 65.

Preretirement Survivor Benefit

Eligibility

Death after five years of vesting service.

Benefit

Monthly benefit payable to the eligible survivor equal to 50% of the benefit to which the participant would have been entitled had he terminated on the first day of the month next preceding his date of death, survived to his next earliest retirement date, and elected a qualified joint and survivor annuity.

Other Information and Definitions

Normal Form of Benefit

Life annuity for unmarried participants, 50% joint and survivor annuity for married participants.

Optional Forms of Payment

Lump sum option (based upon the present value of the normal retirement benefit), 50%, 66-2/3%, 75%, and 100% joint and survivor annuity, 5- and 10-year certain and life options.

Final Average Earnings

Average monthly compensation for the highest 36 consecutive months out of the 120 months immediately prior to the employee's termination date.

Primary Social Security Benefit

Monthly old-age benefit to which the participant would be entitled under the Federal Social Security Act payable at age 65. To calculate the benefit, actual compensation for the year prior to termination will be used. For prior years, compensation will be assumed to have increased at the rate of increase in average wages as determined by the Social Security Administration. For years following termination and prior to the participant's normal retirement date, compensation will be assumed to remain level.

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Summary of Plan – Former BASF Plan

Traditional Pension Benefits

Credited Service

Calculated in whole months beginning on the first day of the month coincident with or next following the employee's hire date and ending on the first day of the month coincident with or next following the employee's termination date.

Vesting Service

Credited service with adjustments for termination periods that last less than twelve months for reason of quit, discharge, or retirement.

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Summary of Plan – Former BASF Plan

Cash Balance Pension Benefits

Normal Retirement

Eligibility

Age 65.

Benefit

A cash balance account equal to the sum of (a) plus (b) plus (c) but not less than the benefit accrued as of December 31, 1999:

- (a) Opening Balance—The present value of the accrued benefit as of December 31, 1999;
- (b) Basic Credits—Monthly basic credits are determined using the participant’s age and service as of the last day of each month and are applied to the participant’s monthly pay. The credit percentage is equal to:

Age + Vesting Service	Basic Credit Percentage
<35	4.75%
35-49.99	6.50%
50-64.99	8.50%
65-79.99	11.00%
80+	13.50%

There are no basic credits after 40 years of vesting service.

- (c) Monthly Interest Credits—Interest credits are added to the account each month before reflecting the basic credits for the month. The monthly interest credits are based upon the account balance as of the end of the prior month and the 30-year treasury rate in effect for the third full calendar month preceding the month for which interest credits are being determined.

Early Retirement

Eligibility

Age 55 with five years of vesting service.

Benefit

Benefit calculated as the actuarial equivalent of the cash balance account but not less than the benefit accrued as of December 31, 1999 and reduced for early retirement as the Traditional Pension Benefits (but including the Social Security offset).

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Summary of Plan – Former BASF Plan

Cash Balance Pension Benefits

Vested Deferred Retirement

Eligibility

Termination after three years of vesting service.

Benefit

Benefit calculated as actuarial equivalent of the cash balance account but not less than the benefit accrued as of December 31, 1999. Benefits may commence as early as age 55 but not later than age 65. Participants may elect immediate commencement.

Disability Retirement

Eligibility

Receiving benefits under the BASF Corporation Long-Term Disability Benefit Plan.

Benefit

Disabled participants continue to accrue basic credits and interest credits while disabled. Monthly earnings are equal to 1/12 of the participant's total earnings for the 12 months immediately preceding the month of disability. The benefit is payable at age 65 or at an Early Retirement Date. Benefit accruals cease upon commencement of the benefit.

Preretirement Survivor Benefit

Eligibility

Death prior to commencement of benefits.

Benefit

The beneficiary may choose to receive 100% of the participant's cash balance account or an actuarially equivalent immediate life annuity.

Other Information and Definitions

Normal Form of Benefit

Life annuity for unmarried participants, 50% joint and survivor annuity for married participants.

Optional Forms of Payment

Lump sum option, 50%, 66-2/3%, 75%, and 100% joint and survivor annuity, 5- and 10-year certain and life options.

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Summary of Plan – Former Solvay Plan

Eligibility

Immediate.

Plan Benefits

The plan provides benefits under one of two benefit structures—a traditional pension benefit and a cash balance pension benefit. Employees who were age 50 with 10 years of service on January 1, 2005 earn traditional pension benefits unless they elected to earn cash balance pension benefits. All employees who are not covered under the Traditional plan earn cash balance pension benefits.

Traditional Pension Benefits

Normal Retirement

Eligibility

Age 65.

Benefit

The annual amount of a participant's Accrued Benefit as of any date is equal to (1) minus (2), but not less than zero:

- (1) The product of:
 - (a) the number of years of Benefit Service limited to 35, and
 - (b) the sum of:
 - (i) 1.10% of Average Annual Compensation
 - (ii) 0.60% of Average Annual Compensation in excess of Covered Compensation
- (2) Carve-out Benefits: The actuarial equivalent of the annual pension payable by the Celanese Retirement Income Plan, the Laporte Pension plan, the Miles Inc. Salaried Retirement Plan, the Tenneco Inc. Retirement Plan, or the BP Retirement Accumulation Plan for service covered by the respective plans.

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Summary of Plan – Former Solvay Plan

Traditional Pension Benefits

Normal Retirement

Benefit

In no event will the Accrued Benefit be less than the benefit accrued under a predecessor defined benefit plan as of December 31, 1988. For participants in the Tenneco Minerals Company (TMC) Retirement Plan on June 30, 1992, the Accrued Benefit will not be less than the benefit accrued under the TMC Retirement Plan on June 30, 1992. For participants who were not super highly compensated during 1989, 1990 or 1991, in no event will the accrued benefit be less than (1) minus (2) as of the earlier of December 31, 1991, or date of termination:

(1) 1.5% of Average Annual Compensation times years of Benefit Service at age 65 to a maximum of 35

(2) The least of:

(a) 1.43% of Social Security Primary Insurance Amount times years of service at age 65 to a maximum of 35, times the ratio of actual service to potential service at the later of age 65 or date of actual retirement.

(b) 0.75% of 3-Year Average Annual Compensation (ignoring compensation in excess of the Social Security Wage Base) times years of Benefit Service at age 65 to a maximum of 35.

(c) 0.75% of Average Annual Compensation times years of Benefit Service at age 65 to a maximum of 35.

For Former Solvay Industrial Films participants in the Group Pension Plan for Employees of Hedwin Corporation on December 31, 1996, the accrued benefit is equal to (1) plus (2)

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Summary of Plan – Former Solvay Plan

Traditional Pension Benefits

Normal Retirement

Benefit

(1) The product of:

(a) The number of years of participating service prior to January 1, 1997 limited to 25.

(b) The sum of:

(i) 1.10% of Average Annual Compensation.

(ii) 0.65% of Average Annual Compensation in excess of Covered Compensation.

(2) The product of:

(a) The number of years of participating service after January 1, 1997 limited to 35 minus (1)a.

(b) The sum of:

(i) 1.10% of Average Annual Compensation

(ii) 0.60% of Average Annual Compensation in excess of Covered Compensation

For BP Amoco Polymers, Inc. employees who became participants on November 1, 2001, the accrued benefit will not be less than the benefit calculated for service beginning on such date without regard to any offset from the BP Retirement Accumulation Plan.

For Ausimont USA, Inc. employees who became participants on January 1, 2003, the accrued benefit equals the benefit calculated for service beginning on such date plus the frozen accrued benefit as of January 1, 2003.

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Summary of Plan – Former Solvay Plan

Traditional Pension Benefits

Early Retirement

Eligibility	Age 55.
Benefit	Monthly Accrued Benefit determined as of Early Retirement date, reduced 3.0% for each year that commencement of payment precedes NRD. There is no reduction if the sum of the participant's age and service is equal to or greater than 85. Different early commencement factors apply to the accrued benefit as of January 1, 2003 for former Ausimont USA, Inc. employees.

Vested Deferred Retirement

Eligibility	Terminate for reasons other than death, disability, or retirement after completing three years of Vesting Service.
Benefit	Monthly Accrued Benefit determined as of termination date, reduced 4.0% for each year that commencement of payments precedes the participant's NRD. Different early commencement factors apply to the accrued benefit as of January 1, 2003 for former Ausimont USA, Inc. employees.

Disability Retirement

Eligibility	Terminate after three years of Vesting Service on account of total and permanent disability.
Benefit	Monthly Accrued Benefit accrued as of the date benefits commence. Compensation is assumed to continue at the same rate as at time of disability. Benefit Service continues to accrue during the period of disability as if the participant were employed by the company full-time.

Preretirement Survivor Benefit

Eligibility	Die while eligible for Deferred Vested, Early, Normal, or Postponed Retirement benefits, with a surviving spouse.
Benefit	Monthly Preretirement Spouse benefit is payable in the amount that would have been payable to the surviving spouse if the participant had separated from service on his date of death, survived to his earliest retirement age, retired having elected a 50% joint and survivor annuity and dies on the following day.

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Summary of Plan – Former Solvay Plan

Traditional Pension Benefits

Preretirement Survivor Benefit

Benefit

Monthly payments commence on the first of the month following the later of the participant's death or 55th birthday.

Other Information and Definitions

Normal Form of Benefit

Preretirement Spouse Benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of the 50% joint and survivor annuity or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional Forms of Payment

A lump sum option is available for amounts up to \$7,500. Other optional forms are a 75% or 100% joint and survivor annuity, 120 or 180 months certain and life annuity, or (for married participants) a life annuity.

Average Annual Compensation

One-fifth of the aggregate of the highest 60 consecutive months of Compensation out of the last 120 months of Compensation.

Compensation

The amount paid in cash to a Participant for a Plan Year, excluding severance pay, certain incentive payments, taxable fringe benefits, vested illness payments, and other items specifically excluded.

For Former Solvay Industrial Film's employees who participated in the Group Pension Plan for Employees of Hedwin Corporation prior to January 1, 1997, compensation for years prior to 1997 is all compensation includable in gross income including overtime and other extra compensation, but excluding bonuses, sales commissions, contributions to the Hedwin Plan, and reimbursement for moving expenses.

Primary Social Security Benefit

Monthly old-age benefit to which the participant would be entitled under the Federal Social Security Act payable at age 65. To calculate the benefit, actual compensation for the year prior to termination will be used. For prior years, compensation will be assumed to have increased at the rate of increase in average wages as determined by the Social Security Administration. For years following termination and prior to the participant's normal retirement date, compensation will be assumed to remain level.

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Summary of Plan – Former Solvay Plan

Traditional Pension Benefits

Benefit Service

Benefit Service is measured in years and partial years from date of hire. Benefit Service is limited to years served on or after July 1, 1976 for participants who, immediately prior to the effective date, participated in one of the following plans:

Kali-Duphar Laboratories, Inc. Pension Plan

Kalipharma, Inc. Pension Plan

Reid-Rowell Pension Plan

Wall Trends, Inc. Pension Plan

Benefit Service is limited to future service from the entry dates for the following Former Solvay Automotive locations:

Briston entered July 1, 1990

Bronson entered July 1, 1990

Troy entered July 1, 1990

South Bend entered January 1, 1991

For employees of Former Solvay Minerals, Inc., benefit service under either the TMC Retirement Plan or the Tenneco Inc. Retirement Plan is credited under the plan.

Benefit service begins July 1, 1997 for employees of Former Solvay Engineered Polymers.

Benefit service prior to January 1, 1997 for employees of Former Solvay Industrial Films who participated in the Group Pension Plan for Employees of Hedwin Corporation is limited to years in which the participant contributed to the Hedwin Plan.

For Ausimont USA, Inc. employees who became participants on January 1, 2003, service prior to such date shall be recognized only for vesting and calculation of eligibility for unreduced benefits.

Vesting Service

Vesting Service is measured in years and partial years from Date of Hire. Certain former Tenneco Minerals employees are automatically fully vested. Vesting service begins July 1, 1997 for employees of Former Solvay Engineered Polymers

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Summary of Plan – Former Solvay Plan

Cash Balance Pension Benefits

Normal Retirement

Eligibility Age 65.

Benefit A cash balance account equal to the sum of (a) plus (b) plus (c) but not less than the benefit accrued as of December 31, 2004:

- (a) Opening Balance—The single sum actuarial equivalent of the benefit accrued under the Prior Plan as of December 31, 2004 based on a 5.0% interest rate and the GAR 94 mortality table.;
- (b) Basic Credits—A percentage of the member’s Compensation for the plan year is credited at the end of each quarter to the participant’s Cash Balance Account. The percentage is based on points at the end of the plan year and is as follows.;

Points	Allocation Percentage	
	All Pay	Pay in Excess of Social Security Wage Base
<40	2.50%	1.25%
40-59.99	3.00%	1.50%
60-79.99	4.00%	2.00%
80+	5.00%	2.50%

- (c) Monthly Interest Credits—At the end of each quarter, the Cash Balance Account is credited with interest on the amount of the Cash Balance Account at the beginning of the year using simple interest, average of the 30-year Treasury rates for October, November, and December of the preceding year.

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Summary of Plan – Former Solvay Plan

Cash Balance Pension Benefits

Early Retirement

Eligibility

Age 55.

Benefit

Prior to Normal Retirement Date, a member is entitled to the actuarial equivalent of the member's Accrued Benefit at retirement

Vested Deferred Retirement

Eligibility

Terminate for reasons other than death, disability, or retirement after completing three years of Vesting Service.

Benefit

Prior to Normal Retirement Date, a member is entitled to the actuarial equivalent of the member's Accrued Benefit at retirement

Disability Retirement

Eligibility

Terminate after three years of Vesting Service on account of total and permanent disability.

Benefit

A totally and permanently disabled member is entitled to the actuarial equivalent of the Accrued Benefit. The accrued benefit includes Pay Credits from date of disability until date of first payment or recovery. Pay Credits are determined based on rate of Compensation at date of disability, but not less than the Compensation paid in the Plan Year prior to the date of disability. Benefit Service and Vesting Service continue to accrue while disabled.

Preretirement Survivor Benefit

Eligibility

Die while eligible for Deferred Vested, Early, Normal, or Postponed Retirement benefits, with a surviving spouse.

Benefit

Upon the death of an employee or disabled member who has not started receiving a pension, the beneficiary is entitled to the actuarial equivalent of the Accrued Benefit.

Other Information and Definitions

Normal Form of Benefit

Life annuity for unmarried participants, 50% joint and survivor annuity for married participants.

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Summary of Plan – Former Solvay Plan

Cash Balance Pension Benefits

Optional Forms of Payment

Lump sum option, 50%, 75%, and 100% joint and survivor annuity, 10- and 15-year certain and life options. Life annuity for married participants.

Benefit Service

Benefit Service under the Cash Balance Plan is measured in years and partial years from date of hire. Benefit Service under the Cash Balance Plan is equal to Benefit Service under the Prior Plan up to January 1, 2005 plus one-month credit for every month during which the Participant worked at least one day.

Points

The total of a Participant's age plus Benefit Service under the Cash Balance Plan.

Compensation

The amount paid in cash to a Participant for a plan year, excluding severance pay, certain incentive payments, taxable fringe benefits, vested illness payments, and other items specifically excluded.

Vesting Service

Vesting Service under the Cash Balance Plan is measured in years and partial years from date of hire. Vesting Service under the Cash Balance Plan is equal to Vesting Service under the Prior Plan up to January 1, 2005 plus one-month credit for every month during which the Participant worked at least one day.

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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.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in the assumed expenses payable from the trust from \$5,690,000 to \$6,160,000.