

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
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

1a Name of plan: ABBVIE PUERTO RICO PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 09/03/1986
2a Plan sponsor's name (employer, if for a single-employer plan): ABBVIE LTD.
2b Employer Identification Number (EIN): 98-0429860
2c Plan Sponsor's telephone number: 847-932-7900
2d Business code (see instructions): 325410

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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:		4b EIN 98-0429860	
a Sponsor's name ABBVIE LTD. C/O ABBVIE INC.		4d PN 003	
c Plan Name ABBVIE PUERTO RICO PENSION PLAN			
5 Total number of participants at the beginning of the plan year	5	3036	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	1070	
a(2) Total number of active participants at the end of the plan year	6a(2)	1012	
b Retired or separated participants receiving benefits	6b	1488	
c Other retired or separated participants entitled to future benefits	6c	422	
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	2922	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	90	
f Total. Add lines 6d and 6e.	6f	3012	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	4	
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 3C 3H

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

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
(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
(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
---	--	--

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>ABBVIE PUERTO RICO PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ABBVIE LTD.</u>	D Employer Identification Number (EIN) <u>98-0429860</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>448172170</u>
b Actuarial value	2b		<u>444965357</u>
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	<u>1533</u>	<u>189324993</u>	<u>189324993</u>
b For terminated vested participants	<u>433</u>	<u>21775457</u>	<u>21775457</u>
c For active participants	<u>1070</u>	<u>85380372</u>	<u>98364721</u>
d Total	<u>3036</u>	<u>296480822</u>	<u>309465171</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>5.19 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>8669095</u>
b Expected plan-related expenses	6b		<u>220000</u>
c Target normal cost	6c		<u>8889095</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>09/16/2025</u>	Date
	<u>CHRISTOPHER J. YURWITZ</u>	<u>23-06958</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>312-957-1400</u>	Telephone number (including area code)
	<u>MSC# 17755, AON, PO BOX 551343 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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	37760920	27409845
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	37760920	27409845
10	Interest on line 9 using prior year's actual return of <u>19.32</u> %	7295410	5295582
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6650187
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		353790
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7003977
	d Portion of (c) to be added to prefunding balance		7003977
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	45056330	39709404

Part III Funding Percentages			
14	Funding target attainment percentage	14	116.39 %
15	Adjusted funding target attainment percentage	15	143.78 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
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)	<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 8889095
b Excess assets, if applicable, but not greater than line 31a				31b 8889095
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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" 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.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ABBVIE PUERTO RICO PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ABBVIE LTD.	D Employer Identification Number (EIN) 98-0429860	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ORIENTAL BANK

66-0259436

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	126584	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)

FERRAIUOLI, LLC

66-0628896

(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?
29 50	NONE	44328	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)

GROOM LAW GROUP

52-1219029

(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?
29 50	NONE	30014	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)

CURCIO WEBB

36-4171366

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	16000	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)

NEPC, LLC

26-1429809

(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?
17 50	NONE	9375	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	5061	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ABBVIE PUERTO RICO PENSION PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABBVIE LTD.</u>	D Employer Identification Number (EIN) <u>98-0429860</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE EAFE INDEX FUND-LENDING</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61986805</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE S&P 500 INDEX FUND-LENDI</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>119462915</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9380535</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>L&G LONG DURATION US CREDIT</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>35-7085469-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35799406</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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan ABBVIE PUERTO RICO PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ABBVIE LTD.	D Employer Identification Number (EIN) 98-0429860

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	591413
		261505
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11401286
(2) U.S. Government securities	1c(2)	0
(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)	0
(10) Value of interest in pooled separate accounts	1c(10)	226629661
(11) Value of interest in master trust investment accounts	1c(11)	
(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)	436770884
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	228457732
(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	448763583	471531499
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	61400	81139
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	165031
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	61400	246170
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	448702183	471285329

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	141507	
(B) U.S. Government securities.....	2b(1)(B)	35527	
(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)		177034
(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)	9035391	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4230709	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7620187	
(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)	2740199	
(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)		-1210216
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		30799081
c Other income	2c		-125
d Total income. Add all income amounts in column (b) and enter total	2d		38151886

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15355604	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15355604
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	52549	
(6) Bank or trust company trustee/custodial fees	2i(6)	70245	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	74342	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	16000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		213136
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15568740

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22583146
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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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		35000000
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 _____.

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.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ABBVIE PUERTO RICO PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ABBVIE LTD.</u>	D Employer Identification Number (EIN) <u>98-0429860</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 98-0429860

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	3
--	---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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: 64.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.9 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.9 % Other: 14.7 %

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 _____.

AbbVie Puerto Rico Pension Plan

Financial Statements and Supplemental Schedules
with Report of Independent Auditors

Years Ended December 31, 2024 and 2023

AbbVie Puerto Rico Pension Plan

Years Ended December 31, 2024 and 2023

Contents

	Page
Report of Independent Auditors	3
Financial Statements	
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9
Supplemental Schedules	
Schedule h, line 4i - schedule of assets (held at end of year)	18
Schedule h, line 4j – schedule of reportable transactions	19



Shape the future
with confidence

Ernst & Young LLP
155 North Wacker Drive
Chicago, IL 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

Report of Independent Auditors

AbbVie Board of Review

AbbVie Investment Committee

AbbVie Puerto Rico Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of AbbVie Puerto Rico Pension 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 (collectively referred to as the “financial statements”).

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

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

Opinion

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

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



**Shape the future
with confidence**

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 that 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 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 GAAS, we:

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



**Shape the future
with confidence**

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

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures



Ernst & Young LLP
155 North Wacker Drive
Chicago, IL 60606-1787

Tel: +1 312 879 2000
Fax: +1 312 879 4000
ey.com

**Shape the future
with confidence**

in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Ernst & Young LLP

October 13, 2025

AbbVie Puerto Rico Pension Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 471,269,994	\$ 448,172,170
Accrued interest and dividends	<u>261,505</u>	<u>591,413</u>
Total assets	471,531,499	448,763,583
Liabilities		
Cash overdraft	165,031	-
Accrued expenses	<u>81,139</u>	<u>61,400</u>
Total liabilities	<u>246,170</u>	<u>61,400</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 471,285,329</u></u>	<u><u>\$ 448,702,183</u></u>

The accompanying notes are an integral part of these statements.

AbbVie Puerto Rico Pension Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 28,626,505	\$ 62,910,649
Interest and dividends	9,525,381	9,459,892
Net investment income	38,151,886	72,370,541
Company contributions	-	7,000,000
Total additions	38,151,886	79,370,541
Deductions		
Benefit payments	15,355,604	16,063,158
Administrative expenses	213,136	229,483
Total deductions	15,568,740	16,292,641
NET INCREASE	22,583,146	63,077,900
Net assets available for benefits		
Beginning of year	448,702,183	385,624,283
End of year	\$ 471,285,329	\$ 448,702,183

The accompanying notes are an integral part of these statements.

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the AbbVie Puerto Rico Pension Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions. Copies of the Plan document can be obtained from the Plan’s sponsor. 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 sponsored by AbbVie Ltd. (the “Company”), an affiliate of AbbVie Inc. (“AbbVie”). Retirement benefits under the Plan are provided to the Company’s eligible employees and the eligible employees of its affiliates who have adopted the Plan. All Company employees as of December 31, 2021 and prior who are at least 21 years of age are eligible to participate in the Plan. Effective January 1, 2022, the Plan was frozen to new entrants.

Through March 31, 2024, the trustee of the Plan was Oriental Bank, which acted as an agent for Pershing LLC, the Plan’s prior custodian. Effective April 1, 2024, Banco Popular de Puerto Rico replaced Oriental Bank as the trustee, and The Northern Trust Company replaced Pershing LLC as the Plan’s custodian. Investment decisions concerning Plan assets are made by AbbVie’s Retirement Plans Investment Committee.

Contributions and Funding

The Company’s funding policy is to contribute an amount not less than the ERISA minimum funding requirement. The Plan was in compliance with applicable ERISA minimum funding requirements for the years ended December 31, 2024 and 2023.

Benefits

Active employees participating in the Plan as of December 31, 2021 had the opportunity to make a one-time irrevocable election during the period from July 18, 2022 to August 26, 2022 to continue accruing benefit service under the Plan or to have their pension benefits under the Plan frozen as of December 31, 2022 and earn new retirement income benefits beginning January 1, 2023 under the AbbVie Puerto Rico Savings Plan, another AbbVie plan (the “Retirement Income Choice event”). Participants who elected during the Retirement Income Choice event to continue to accrue benefit service under the Plan after 2022, are eligible for additional benefit service under the Plan from and after January 1, 2023. Participants who elected during the Retirement Income Choice event to cease accruing benefit service under the Plan after 2022 are no longer eligible to accrue additional benefit service under the Plan after December 31, 2022, but instead are eligible to participate in the AbbVie Puerto Rico Savings Plan Plus (“ASP+”). For participants who elected to cease accruing benefit service under the Plan, Plan benefits are frozen effective December 31, 2022, but vesting and seniority service will continue to be earned in accordance with Plan terms.

Plan participants accrue pension benefits as described below. Certain participants who participated in the BASF Pharmaceuticals Employees’ Retirement Plan (“BASF Plan”) prior to 2002 accrued benefits up to that point at a different rate, also described below (“BASF Benefits”). Former BASF Plan participants have accrued pension benefits in the Plan since 2002. Effective as of September 30, 2010, the BASF Plan and the Plan were merged.

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Plan Pension Benefits

Participants qualify for normal retirement benefits upon reaching age 65. The normal monthly pension benefit paid to a participant is the greatest of (1) 1.0% of specified earnings multiplied by the participant's years of benefit service (up to 35 years); (2) (a) 1/35th of 50% of specified earnings multiplied by the participant's years of benefit service (up to 35 years), less (b) 0.5% of the lesser of final average compensation or Social Security covered compensation multiplied by the participant's years of benefit service (up to 35 years); (3) \$2.00 multiplied by the participant's years of benefit service (up to 35 years), plus \$0.50 multiplied by the participant's years of age at retirement; and (4) the participant's accrued benefit as of December 31, 1988, determined under the terms of the Plan in effect on that date.

The Plan's default form of payment for unmarried participants is a single life annuity, which provides monthly benefit payments until the retiree's death. The Plan's default form of payment for married participants is a 50% joint and survivor annuity, which provides the participant with monthly payments for the participant's life and, following the participant's death, provides the surviving spouse with monthly payments for the remainder of the spouse's life equal to 50% of the amount paid to the participant. The final benefits under the joint and survivor option are adjusted for actuarial factors based on the ages of the retiree and spouse at the date of retirement. In lieu of these default forms of payment, retiring participants may elect alternative payment options, subject to applicable spousal consent requirements for married participants. These options include a single life annuity option (for married participants); 66 2/3%, 75%, and 100% joint and survivor annuity options (only available with spouse or domestic partner as a contingent beneficiary); and 5-, 10-, and 15-year certain and life annuity options. In addition, in the case of participants who have accrued benefits with a present value of \$25,000 or less, a participant may receive the present value of their accrued benefit in a lump sum at termination or retirement, subject to applicable spousal consent requirements for married participants. Early retirement and seniority retirement benefits are available to participants who meet specified criteria of age and years of service, as defined in the Plan document.

BASF Benefits (service prior to 2002) – applicable to participants with an accrued frozen benefit under the BASF Pharmaceuticals Employees' Retirement Plan (the "BASF Plan").

Traditional Pension Benefits - At normal retirement of age 65, the monthly benefit amount is equal to (a) 1.75% of the participant's average monthly compensation of the best five consecutive years during the final 10 years of service, multiplied by total benefit service to the normal retirement date, minus (b) 1.75% of the participant's estimated monthly primary Social Security benefit multiplied by total benefit service to the normal retirement date (with a maximum offset of 60% of the participant's monthly primary Social Security benefit), multiplied by (c) a fraction, of which the numerator is the participant's actual years of benefit service to the date of determination and the denominator is the participant's expected total years of benefit service to the normal retirement date. During 2001, the BASF Plan was amended to freeze the accrual of benefits and new participant entrants to the BASF Plan effective December 31, 2001. Plan participants are entitled to a reduced early retirement benefit with respect to BASF Benefits after attainment of age 55 and the completion of at least 10 years or more of vesting service. Employees with five years or more of vesting service who terminate prior to normal retirement age and who have not met the requirements for early retirement are eligible for vested benefits, reduced based on specified actuarial equivalence factors. If termination occurs before a participant has earned at least five years of vesting service, they forfeit the right to receive their accumulated pension benefits.

Death Benefits – With respect to BASF Benefits, the Plan provides a death benefit for vested participants should the participant die prior to retirement.

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Disability Benefits- With respect to BASF Benefits, a participant who becomes disabled after completing at least 10 years of vesting service is entitled to a disability benefit. The benefit is calculated using the full projected service to the normal retirement date and compensation during the year in which the participant became disabled. The benefit payments are deferred to the normal retirement date, subject to the participant's ability to elect early commencement of a reduced disability benefit on or after the first day of the month following the date they reach age 55.

Vesting

Participants are fully vested after five years of vesting service. If a participant terminates their employment with the Company prior to normal retirement and has accrued a vested retirement benefit, the participant will receive their accrued benefit upon attaining the normal retirement age or an actuarially reduced benefit commencing at an earlier age.

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 generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). Plan management uses the following methods and significant assumptions to estimate fair value of investments:

Interest-Bearing Cash: Valued at its holding amount.

U.S. government securities - Valued at prices obtained from independent financial services industry-recognized vendors.

Collective trusts: 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.

Registered investment companies - Valued at the published market price per unit. Included in this category are mutual funds and various exchange traded funds ("ETF").

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

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The fair value hierarchy under the accounting standard for fair value measurements consists of the following three levels:

- Level 1 – Valuations based on unadjusted quoted prices in active markets for identical assets that the company has the ability to access;
- Level 2 – Valuations based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuations in which all significant inputs are observable in the market; and
- Level 3 – Valuations using significant inputs that are unobservable in the market and include the use of judgment by the company’s management about the assumptions market participants would use in pricing the asset or liability.

The following tables set forth by fair value hierarchy level, the Plan’s assets carried at fair value at December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,496,138	\$ -	\$ -	\$ 1,496,138
U.S. government securities	-	14,686,463	-	14,686,463
Registered investment companies	<u>228,457,732</u>	-	-	<u>228,457,732</u>
Total investments in the fair value hierarchy	<u>\$229,953,870</u>	<u>\$14,686,463</u>	<u>\$-</u>	244,640,333
Investments measured at NAV				<u>226,629,661</u>
Total investments, at fair value				<u>\$471,269,994</u>
	2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$436,770,884	\$ -	\$ -	\$436,770,884
Money market fund	<u>11,401,286</u>	-	-	<u>11,401,286</u>
Total investments at fair value	<u>\$448,172,170</u>	<u>\$-</u>	<u>\$-</u>	<u>\$448,172,170</u>

The following table provides the redemption requirements and restrictions for the Plan’s investments measured using NAV as a practical expedient at December 31:

Investment Income

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date.

Net realized and unrealized appreciation (depreciation) is recorded in the accompanying financial statements as net appreciation in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Administrative Expenses

Certain administrative fees, investment management fees, and trustee fees are paid by the Plan. All other major administrative expenses are paid by the Company and are excluded from these financial statements.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation as of January 1, 2024, are as follows:

Discount rate	5.06%																								
Mortality	<p>Healthy Lives Pri-2012 employee and retiree mortality table projected generationally from 2012 using Scale MP-2021</p> <p>Disabled Lives Pri-2012 disabled retiree mortality table projected generationally from 2012 using Scale MP-2021</p>																								
Retirement age	<p>Active and terminated vested participants:</p> <table> <thead> <tr> <th style="text-align: center;">Age</th> <th style="text-align: center;">Retirement rate</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">55</td><td style="text-align: center;">25.0%</td></tr> <tr><td style="text-align: center;">56</td><td style="text-align: center;">13.0</td></tr> <tr><td style="text-align: center;">57</td><td style="text-align: center;">16.0</td></tr> <tr><td style="text-align: center;">58</td><td style="text-align: center;">26.0</td></tr> <tr><td style="text-align: center;">59</td><td style="text-align: center;">13.0</td></tr> <tr><td style="text-align: center;">60</td><td style="text-align: center;">15.0</td></tr> <tr><td style="text-align: center;">61-62</td><td style="text-align: center;">21.0</td></tr> <tr><td style="text-align: center;">63</td><td style="text-align: center;">26.0</td></tr> <tr><td style="text-align: center;">64</td><td style="text-align: center;">21.0</td></tr> <tr><td style="text-align: center;">65 - 69</td><td style="text-align: center;">46.0</td></tr> <tr><td style="text-align: center;">70+</td><td style="text-align: center;">100.0</td></tr> </tbody> </table>	Age	Retirement rate	55	25.0%	56	13.0	57	16.0	58	26.0	59	13.0	60	15.0	61-62	21.0	63	26.0	64	21.0	65 - 69	46.0	70+	100.0
Age	Retirement rate																								
55	25.0%																								
56	13.0																								
57	16.0																								
58	26.0																								
59	13.0																								
60	15.0																								
61-62	21.0																								
63	26.0																								
64	21.0																								
65 - 69	46.0																								
70+	100.0																								

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Changes to the significant actuarial assumptions used in the January 1, 2024 valuation from those used in the January 1, 2023 valuation include, updating the discount rate from 5.25% to 5.06% and updating certain retirement rates.

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

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

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$192,545,447
Other participants	<u>110,551,425</u>
Total vested benefits	303,096,872
Non-vested benefits	<u>12,782,991</u>
Total actuarial present value of accumulated plan benefits	<u>\$315,879,863</u>

The change in the actuarial present value of accumulated plan benefits as of January 1, 2024, consists of the following:

Actuarial present value of accumulated plan benefits, January 1, 2023	\$300,533,458
Change during the year attributable to	
Interest accumulation	15,361,742
Benefits paid	(16,063,158)
Change in assumptions	6,972,911
Benefits accumulated and other	<u>9,074,910</u>
Actuarial present value of accumulated plan benefits, January 1, 2024	<u>\$315,879,863</u>

The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2023.

NOTE D - PLAN TERMINATION AND PBGC MATTERS

Although the Company has not expressed any intention of terminating the Plan, the Company has the right under the Plan to terminate the Plan subject to 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.

Under ERISA, a pension plan may be insured by the Pension Benefit Guaranty Corporation (“PBGC,” a U.S. government agency) by paying the required premiums, if the plan has been determined by the U.S. Treasury to

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

be “qualified” (in its current form) or if it has complied with Section 401(a) of the U.S. Internal Revenue Code of 1986, as amended, for the preceding 5 plan years. The Plan, which is designed and operated to be qualified only under the Puerto Rico Internal Revenue Code of 2011, as amended (the “Puerto Rico Code”) and for which all assets are held in a non-U.S. trust, is not eligible for PBGC insurance.

NOTE E - TAX STATUS

The Plan has received a determination letter from the Commonwealth of Puerto Rico’s Department of Treasury (“Treasury”) dated February 6, 2024, stating that the Plan is qualified under Section 1081.01 of the Puerto Rico Code, and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Puerto Rico Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Puerto Rico Code and therefore believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded 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 F - INFORMATION CERTIFIED BY THE TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and reportable transactions for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the trustee of the Plan, Banco Popular de Puerto Rico, for 2024 and by the prior trustee of the Plan, Oriental Bank, for 2023.

NOTE G- RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE H - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments as of December 31, 2024 are managed by Northern Trust, the custodian of the Plan, and the Plan's interest bearing cash is held in an account managed by Banco Popular de Puerto Rico, the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions for which there is an exemption from the prohibited transactions rules of ERISA.

NOTE I – DERIVATIVE INVESTMENTS

The Plan's investment policy allows use of derivatives by investment managers of the Plan for managing interest rate or currency exchange risks and for achieving overall investment portfolio objectives. Derivative financial instruments used by investment managers of the Plan during the year ended December 31, 2024 included futures contracts. No derivative financial instruments were used during the year ended December 31, 2023. 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.

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instruments at a specified future date in accordance with terms specified by a regulated future exchange. Upon entering into a futures contract, the Plan is required to deposit either in cash or securities an amount ("initial margin") equal to a certain percentage of the notional value of the contract. Subsequent payments are then made or received by the Plan, depending on the daily fluctuation in the value of the underlying contracts. Such receipts or payments are known as variation margin and are recorded on a daily basis by the Plan as a realized gain or loss equal to the difference in the value of the contract between daily closing prices.

Derivative investments are included in the Plan's investments, at fair value in the statements of net assets available for benefits. The following table provides the notional amounts and fair value as of December 31, 2024. No derivative investments were held by the Plan as of December 31, 2023. Notional amounts do not quantify risk or represent assets or liabilities of the Plan but are used in the calculation of cash settlements under the contracts. Daily margin settlement for future contracts results in maintaining a zero-market value for the contracts.

	2024	
	Notional amount	Fair Value
Futures	\$ 62,792,040	\$ -

AbbVie Puerto Rico Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

The following summarizes realized losses from futures contracts included in the Plan's net appreciation in fair value of investments in the statement of changes for the year ended December 31, 2024.

	<u>2024</u>
Futures	\$ (3,149,454)

NOTE K – CONCENTRATIONS

As of December 31, 2024 and 2023, the Plan's investment in one collective trust represented approximately 25% and 23% of the Plan's total investments, respectively.

NOTE L- SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events from December 31, 2024 through October 13, 2025, the date these financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

SUPPLEMENTAL SCHEDULES

AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 Plan: 003
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
*	Interest bearing cash	1,496,138	\$ 1,496,138	\$ 1,496,138
	U.S. government securities			
	U.S. TREASURY N/B 2% 02-15-2050	400,000	250,375	232,672
	U.S. TREASURY BOND STRIPPED PRIN 0% 08-15-2054	10,400,000	3,036,904	2,669,407
	U.S. TREASURY BONDS 2.875% 05-15-2052	5,015,000	3,783,191	3,513,243
	U.S. TREASURY N/B 4.25% 08-15-2054	5,045,000	4,953,954	4,615,387
	U.S. TREASURY SEC STRIPPED INT PMT 00091 11-15-2038	3,505,000	1,877,629	1,769,034
	U.S. TREASURY SEC STRIPPED INT PMT 00116 11-15-2039	3,970,000	<u>2,018,864</u>	<u>1,886,720</u>
			15,920,917	14,686,463
	Collective trust funds			
	L&G LONG DURATION U.S. CREDIT CIT FUND	293,799	36,272,422	35,799,406
*	NORTHERN TRUST COLLECTIVE EAFE INDEX FUND	79,466	62,500,000	61,986,805
*	NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND	5,260	120,000,000	119,462,915
*	NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	9,380,535	<u>9,380,535</u>	<u>9,380,535</u>
	Total collective trust funds		228,152,957	226,629,661
	Registered investment companies			
	BLACKROCK GLOBAL ALLOCATION FUND	1,915,650	33,858,187	35,822,650
	GOLDMAN SACHS TR II GQG PARTNERS INTERNATIONAL OPPORTUNITIES FUND	903,632	19,632,947	17,675,049
	ISHARES TR MSCI EMERGING MKTS INDEX FD	719,000	28,072,444	30,068,580
	ISHARES TR RUSSELL 2000 ETF	80,000	4,905,775	17,676,800
	PIMCO ALL ASSET ALL AUTHORITY FUND	5,189,861	34,467,789	33,163,210
	PRUDENTIAL INVT PORTFOLIOS INC PGIM JENNISON GROWTH FUND	356,129	26,871,993	24,971,793
	SPDR S&P MIDCAP 400 ETF TRUST	55,000	6,801,986	31,326,900
	VANGUARD TOTAL BOND MARKET ETF	525,000	<u>37,064,993</u>	<u>37,752,750</u>
	Total registered investment companies		191,676,114	228,457,732
	Other			
	FUT MAR 25 CBT UL T-BONDS	(236)	(30,153,749)	(28,061,875)
	FUT MAR 25 CBT UL T-BONDS	236	30,153,749	28,061,875
	FUT MAR 25 CBT UL T-NOTE	(83)	(9,534,625)	(9,238,938)
	FUT MAR 25 CBT UL T-NOTE	83	9,534,625	9,238,938
	FUT MAR 25 US 5YR T-NOTE	107	11,510,023	11,374,602
	FUT MAR 25 US 5YR T-NOTE	(107)	(11,510,023)	(11,374,602)
	FUT MAR 25 U.S. T-BONDS	124	14,742,232	14,116,625
	FUT MAR 25 U.S. T-BONDS	(124)	<u>(14,742,232)</u>	<u>(14,116,625)</u>
	Total other		-	-
	Total		<u>\$ 437,246,126</u>	<u>\$ 471,269,994</u>

* Represents a party-in-interest.

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 Plan: 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024

Identity of Party & Description of Asset (a) & (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	(f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
Category 1 - individual transactions in excess of 5% of plan assets:							
L&G LONG DURATION U.S. CREDIT CIT FUND	\$ 123	\$ -	\$ -	\$ -	\$ 36,500,000	\$ 36,500,000	\$ -
NORTHERN TRUST COLLECTIVE EAFE INDEX FUND	785	-	-	-	62,500,000	62,500,000	-
NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND	22,810	-	-	-	120,000,000	120,000,000	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	1	-	-	-	131,248,057	131,248,057	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	1	-	-	-	24,500,000	24,500,000	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	1	-	-	-	34,557,664	34,557,664	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	-	1	-	-	144,500,000	144,500,000	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	-	1	-	-	23,654,501	23,654,501	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	-	1	-	-	35,950,189	35,950,189	-
ISHARES TR MSCI EAFE FD	-	77	-	-	73,323,891	81,685,780	8,361,889
SPDR S&P 500 ERF TRUST	-	585	-	-	26,383,502	129,362,068	102,978,566
PRUDENTIAL INVT PORTFOLIOS INC PGIM JENNISON GROWTH FUND	76	-	-	-	24,500,000	24,500,000	-
VANGUARD TOTAL BOND MARKET ETF	-	73	-	-	33,534,994	34,557,664	1,022,670
Category 3 - series of transactions in excess of 5% of plan assets:							
L&G LONG DURATION U.S. CREDIT CIT FUND	\$ 36,500,000	\$ -	\$ -	\$ -	\$ 36,500,000	\$ 36,500,000	\$ -
	-	227,578	-	-	227,578	227,578	-
NORTHERN TRUST COLLECTIVE EAFE INDEX FUND	62,500,000	-	-	-	62,500,000	62,500,000	-
NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND	120,000,000	-	-	-	120,000,000	120,000,000	-
VANGUARD TOTAL BOND MARKET ETF	-	56,590,551	-	-	54,714,990	56,590,551	1,875,561
PRUDENTIAL INVT PORTFOLIOS INC PGIM JENNISON GROWTH FUND	26,871,993	-	-	-	26,871,993	26,871,993	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	236,574,396	-	-	-	236,574,396	236,574,396	-
	-	227,193,861	-	-	227,193,861	227,193,861	-

There were no Category 2 or 4 reportable transactions during the year.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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		6								
25-29	2	54 \$52,419	4							
30-34	2	42 \$59,777	67 \$62,682	1						
35-39	2	28 \$101,195	51 \$76,683	17	4					
40-44	1	23 \$108,947	42 \$85,228	16	70 \$83,814	29 \$122,791	1			
45-49		24 \$81,126	34 \$98,362	20 \$87,777	40 \$97,122	107 \$108,870	9			
50-54	1	19	20 \$101,177	10	17	57 \$111,030	43 \$101,643	27 \$116,136		
55-59		9	14	9	11	35 \$125,250	16	36 \$119,529	1	
60-64			6	2	6	6	9	10	6	1
65-69		1						2		
70+										

N-1,070

Schedule SB Attachment (Form 5500) —2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization under ARPA

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

Table 1

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.00% per year.

Social Security COLA Increases

N/A

Optional Payment Form Election Percentages

Active Participants

	Male	Female
Life Annuity	30%	60%
100% Joint & Survivor	15%	0%
75% Joint & Survivor	10%	0%
50% Joint & Survivor	35%	25%
10-Year C&L	0%	5%
15-Year C&L	10%	10%

Terminated Vested Participants

	Male	Female
Life Annuity	35%	40%
100% Joint & Survivor	35%	15%
50% Joint & Survivor	15%	25%
75% Joint & Survivor	5%	0%
10-Year C&L	0%	10%
15-Year C&L	10%	10%

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Optional Payment Form Conversion Interest Rate	6.00%
Optional Payment Form Conversion Mortality	Revenue Ruling 01-62 mortality table
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of male employees and 50% of female employees have an eligible spouse, and that male(female) employees are two(one) years older(younger) than their spouses.
Valuation Compensation	Compensation used in the valuation includes annual rate of base pay, cash profit sharing, management incentive bonus, and annual incentive pay 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 IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>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.</p> <p>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).</p>

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Expected Return on Assets

2022 Plan Year	8.25%
	The applicable third segment rate limitation is 5.92%
2023 Plan Year	8.25%
	The applicable third segment rate limitation is 5.74%
2024 Plan Year	8.25%
	The applicable third segment rate limitation is 5.59%

Trust Expenses Included in Target Normal Cost \$220,000 based on actual expenses paid during the prior year rounded up to the nearest \$10,000

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 1

Salary Increase

Age	Years of Service				
	0	1	2	3	4+
<30	10.00%	8.00%	8.00%	8.00%	8.00%
30	10.00%	8.00%	7.50%	7.50%	7.50%
31	10.00%	8.00%	7.50%	7.50%	7.50%
32	10.00%	8.00%	7.50%	7.50%	7.50%
33	10.00%	8.00%	7.50%	7.50%	7.50%
34	10.00%	8.00%	7.50%	7.50%	7.50%
35	10.00%	8.00%	7.00%	7.00%	6.00%
36	10.00%	8.00%	7.00%	7.00%	6.00%
37	10.00%	8.00%	7.00%	7.00%	6.00%
38	10.00%	8.00%	7.00%	7.00%	6.00%
39	10.00%	8.00%	7.00%	7.00%	6.00%
40	10.00%	8.00%	7.00%	6.50%	6.00%
41	10.00%	8.00%	7.00%	6.50%	6.00%
42	10.00%	8.00%	7.00%	6.50%	6.00%
43	10.00%	8.00%	7.00%	6.50%	6.00%
44	10.00%	8.00%	7.00%	6.50%	6.00%
45	10.00%	8.00%	7.00%	5.00%	5.00%
46	10.00%	8.00%	7.00%	5.00%	5.00%
47	10.00%	8.00%	7.00%	5.00%	5.00%
48	10.00%	8.00%	7.00%	5.00%	5.00%
49	10.00%	8.00%	7.00%	5.00%	5.00%
50	10.00%	8.00%	7.00%	5.00%	4.00%
51	10.00%	8.00%	7.00%	5.00%	4.00%
52	10.00%	8.00%	7.00%	5.00%	4.00%
53	10.00%	8.00%	7.00%	5.00%	4.00%
54	10.00%	8.00%	7.00%	5.00%	4.00%
55+	10.00%	8.00%	7.00%	5.00%	3.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 2

Retirement Rates for Active and Terminated Vested Participants

Age	Calendar Years				
	2022-2023	2024-2025	2026-2027	2028-2029	2030+
55	25.00%	25.00%	25.00%	25.00%	25.00%
56	14.00%	13.00%	12.00%	11.00%	10.00%
57	18.00%	16.00%	14.00%	12.00%	10.00%
58	28.00%	26.00%	24.00%	22.00%	20.00%
59	14.00%	13.00%	12.00%	11.00%	10.00%
60	15.00%	15.00%	15.00%	15.00%	15.00%
61	23.00%	21.00%	19.00%	17.00%	15.00%
62	23.00%	21.00%	19.00%	17.00%	15.00%
63	28.00%	26.00%	24.00%	22.00%	20.00%
64	23.00%	21.00%	19.00%	17.00%	15.00%
65	48.00%	46.00%	44.00%	42.00%	40.00%
66	48.00%	46.00%	44.00%	42.00%	40.00%
67	48.00%	46.00%	44.00%	42.00%	40.00%
68	48.00%	46.00%	44.00%	42.00%	40.00%
69	48.00%	46.00%	44.00%	42.00%	40.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 3

Withdrawal Rates

Age	Years of Service			
	0	1-2	3-4	5+
<40	30.00%	20.00%	10.00%	4.50%
40	30.00%	20.00%	10.00%	2.50%
41	30.00%	20.00%	10.00%	2.50%
42	30.00%	20.00%	10.00%	2.50%
43	30.00%	20.00%	10.00%	2.50%
44	30.00%	20.00%	10.00%	2.50%
45	30.00%	20.00%	10.00%	2.00%
46	30.00%	20.00%	10.00%	2.00%
47	30.00%	20.00%	10.00%	2.00%
48	30.00%	20.00%	10.00%	2.00%
49	30.00%	20.00%	10.00%	2.00%
50	30.00%	20.00%	10.00%	5.00%
51	30.00%	20.00%	10.00%	5.00%
52	30.00%	20.00%	10.00%	5.00%
53	30.00%	20.00%	10.00%	5.00%
54	30.00%	20.00%	10.00%	5.00%
55	30.00%	20.00%	10.00%	5.00%
56	30.00%	20.00%	10.00%	5.00%
57	30.00%	20.00%	10.00%	5.00%
58	30.00%	20.00%	10.00%	5.00%
59	30.00%	20.00%	10.00%	5.00%
60	30.00%	20.00%	10.00%	5.00%
61	30.00%	20.00%	10.00%	5.00%
62	30.00%	20.00%	10.00%	5.00%
63	30.00%	20.00%	10.00%	5.00%
64	30.00%	20.00%	10.00%	5.00%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.160%	0.240%
16	0.030%	0.030%	46	0.180%	0.270%
17	0.030%	0.030%	47	0.210%	0.300%
18	0.030%	0.030%	48	0.250%	0.330%
19	0.030%	0.030%	49	0.280%	0.360%
20	0.030%	0.030%	50	0.330%	0.400%
21	0.030%	0.030%	51	0.390%	0.440%
22	0.030%	0.030%	52	0.460%	0.490%
23	0.030%	0.030%	53	0.530%	0.540%
24	0.030%	0.030%	54	0.610%	0.590%
25	0.030%	0.030%	55	0.690%	0.640%
26	0.030%	0.030%	56	0.770%	0.690%
27	0.030%	0.030%	57	0.860%	0.740%
28	0.030%	0.040%	58	0.950%	0.800%
29	0.030%	0.040%	59	1.050%	0.850%
30	0.030%	0.040%	60	1.150%	0.900%
31	0.030%	0.050%	61	1.260%	0.960%
32	0.030%	0.050%	62	1.380%	1.010%
33	0.030%	0.060%	63	1.510%	1.050%
34	0.030%	0.060%	64	1.640%	1.090%
35	0.040%	0.070%	65+	0.00%	0.00%
36	0.040%	0.080%			
37	0.050%	0.090%			
38	0.060%	0.100%			
39	0.070%	0.120%			
40	0.080%	0.130%			
41	0.090%	0.150%			
42	0.100%	0.170%			
43	0.120%	0.190%			
44	0.140%	0.220%			

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

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
---	--	--

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 AbbVie Puerto Rico Pension Plan	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AbbVie Ltd.	D Employer Identification Number (EIN) 98-0429860	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value.....	2a	448,172,170
b Actuarial value.....	2b	444,965,357

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.....	1,533	189,324,993	189,324,993
b For terminated vested participants.....	433	21,775,457	21,775,457
c For active participants.....	1,070	85,380,372	98,364,721
d Total.....	3,036	296,480,822	309,465,171


4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....

a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 5.19%

6 Target normal cost		
a Present value of current plan year accruals.....	6a	8,669,095
b Expected plan-related expenses.....	6b	220,000
c Target normal cost.....	6c	8,889,095

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 Signature of actuary	09/16/2025 Date
	Christopher J. Yurwitz Type or print name of actuary	2306958 Most recent enrollment number
	Aon Consulting, Inc. Firm name	312-957-1400 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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	37,760,920	27,409,845
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	37,760,920	27,409,845
10	Interest on line 9 using prior year's actual return of <u>19.32%</u>	7,295,410	5,295,582
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,650,187
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32%</u>		353,790
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7,003,977
	d Portion of (c) to be added to prefunding balance		7,003,977
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	45,056,330	39,709,404

Part III		Funding Percentages	
14	Funding target attainment percentage	14	116.39%
15	Adjusted funding target attainment percentage	15	143.78%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.94%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

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	8,889,095
b Excess assets, if applicable, but not greater than line 31a.....	31b	8,889,095

	Outstanding Balance	Installment
32 Amortization installments:		
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	0

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

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

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years.....	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	25.00%	1.0000	13.88
56.5	13.00%	0.7500	5.51
57.5	16.00%	0.6525	6.00
58.5	26.00%	0.5481	8.34
59.5	13.00%	0.4056	3.14
60.5	15.00%	0.3529	3.20
61.5	21.00%	0.2999	3.87
62.5	21.00%	0.2370	3.11
63.5	26.00%	0.1872	3.09
64.5	21.00%	0.1385	1.88
65.5	46.00%	0.1094	3.30
66.5	46.00%	0.0591	1.81
67.5	46.00%	0.0319	0.99
68.5	46.00%	0.0172	0.54
69.5	46.00%	0.0093	0.30
70	100.00%	0.0050	0.35
	Weighted Average		59.31

Schedule SB Attachment (Form 5500) —2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization under ARPA

1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization

1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%

Salary Increases

Table 1

Social Security Wage Base Increases

Future wage indices are based on a national wage increase of 3.00% per year.

Social Security COLA Increases

N/A

Optional Payment Form Election Percentages

Active Participants

	Male	Female
Life Annuity	30%	60%
100% Joint & Survivor	15%	0%
75% Joint & Survivor	10%	0%
50% Joint & Survivor	35%	25%
10-Year C&L	0%	5%
15-Year C&L	10%	10%

Terminated Vested Participants

	Male	Female
Life Annuity	35%	40%
100% Joint & Survivor	35%	15%
50% Joint & Survivor	15%	25%
75% Joint & Survivor	5%	0%
10-Year C&L	0%	10%
15-Year C&L	10%	10%

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Optional Payment Form Conversion Interest Rate	6.00%
Optional Payment Form Conversion Mortality	Revenue Ruling 01-62 mortality table
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of male employees and 50% of female employees have an eligible spouse, and that male(female) employees are two(one) years older(younger) than their spouses.
Valuation Compensation	Compensation used in the valuation includes annual rate of base pay, cash profit sharing, management incentive bonus, and annual incentive pay 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 IRC section 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	<p>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.</p> <p>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).</p>

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Expected Return on Assets

2022 Plan Year	8.25%
	The applicable third segment rate limitation is 5.92%
2023 Plan Year	8.25%
	The applicable third segment rate limitation is 5.74%
2024 Plan Year	8.25%
	The applicable third segment rate limitation is 5.59%

Trust Expenses Included in Target Normal Cost \$220,000 based on actual expenses paid during the prior year rounded up to the nearest \$10,000

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 1

Salary Increase

Age	Years of Service				
	0	1	2	3	4+
<30	10.00%	8.00%	8.00%	8.00%	8.00%
30	10.00%	8.00%	7.50%	7.50%	7.50%
31	10.00%	8.00%	7.50%	7.50%	7.50%
32	10.00%	8.00%	7.50%	7.50%	7.50%
33	10.00%	8.00%	7.50%	7.50%	7.50%
34	10.00%	8.00%	7.50%	7.50%	7.50%
35	10.00%	8.00%	7.00%	7.00%	6.00%
36	10.00%	8.00%	7.00%	7.00%	6.00%
37	10.00%	8.00%	7.00%	7.00%	6.00%
38	10.00%	8.00%	7.00%	7.00%	6.00%
39	10.00%	8.00%	7.00%	7.00%	6.00%
40	10.00%	8.00%	7.00%	6.50%	6.00%
41	10.00%	8.00%	7.00%	6.50%	6.00%
42	10.00%	8.00%	7.00%	6.50%	6.00%
43	10.00%	8.00%	7.00%	6.50%	6.00%
44	10.00%	8.00%	7.00%	6.50%	6.00%
45	10.00%	8.00%	7.00%	5.00%	5.00%
46	10.00%	8.00%	7.00%	5.00%	5.00%
47	10.00%	8.00%	7.00%	5.00%	5.00%
48	10.00%	8.00%	7.00%	5.00%	5.00%
49	10.00%	8.00%	7.00%	5.00%	5.00%
50	10.00%	8.00%	7.00%	5.00%	4.00%
51	10.00%	8.00%	7.00%	5.00%	4.00%
52	10.00%	8.00%	7.00%	5.00%	4.00%
53	10.00%	8.00%	7.00%	5.00%	4.00%
54	10.00%	8.00%	7.00%	5.00%	4.00%
55+	10.00%	8.00%	7.00%	5.00%	3.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 2

Retirement Rates for Active and Terminated Vested Participants

Age	Calendar Years				
	2022-2023	2024-2025	2026-2027	2028-2029	2030+
55	25.00%	25.00%	25.00%	25.00%	25.00%
56	14.00%	13.00%	12.00%	11.00%	10.00%
57	18.00%	16.00%	14.00%	12.00%	10.00%
58	28.00%	26.00%	24.00%	22.00%	20.00%
59	14.00%	13.00%	12.00%	11.00%	10.00%
60	15.00%	15.00%	15.00%	15.00%	15.00%
61	23.00%	21.00%	19.00%	17.00%	15.00%
62	23.00%	21.00%	19.00%	17.00%	15.00%
63	28.00%	26.00%	24.00%	22.00%	20.00%
64	23.00%	21.00%	19.00%	17.00%	15.00%
65	48.00%	46.00%	44.00%	42.00%	40.00%
66	48.00%	46.00%	44.00%	42.00%	40.00%
67	48.00%	46.00%	44.00%	42.00%	40.00%
68	48.00%	46.00%	44.00%	42.00%	40.00%
69	48.00%	46.00%	44.00%	42.00%	40.00%
70+	100.00%	100.00%	100.00%	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 3

Withdrawal Rates

Age	Years of Service			
	0	1-2	3-4	5+
<40	30.00%	20.00%	10.00%	4.50%
40	30.00%	20.00%	10.00%	2.50%
41	30.00%	20.00%	10.00%	2.50%
42	30.00%	20.00%	10.00%	2.50%
43	30.00%	20.00%	10.00%	2.50%
44	30.00%	20.00%	10.00%	2.50%
45	30.00%	20.00%	10.00%	2.00%
46	30.00%	20.00%	10.00%	2.00%
47	30.00%	20.00%	10.00%	2.00%
48	30.00%	20.00%	10.00%	2.00%
49	30.00%	20.00%	10.00%	2.00%
50	30.00%	20.00%	10.00%	5.00%
51	30.00%	20.00%	10.00%	5.00%
52	30.00%	20.00%	10.00%	5.00%
53	30.00%	20.00%	10.00%	5.00%
54	30.00%	20.00%	10.00%	5.00%
55	30.00%	20.00%	10.00%	5.00%
56	30.00%	20.00%	10.00%	5.00%
57	30.00%	20.00%	10.00%	5.00%
58	30.00%	20.00%	10.00%	5.00%
59	30.00%	20.00%	10.00%	5.00%
60	30.00%	20.00%	10.00%	5.00%
61	30.00%	20.00%	10.00%	5.00%
62	30.00%	20.00%	10.00%	5.00%
63	30.00%	20.00%	10.00%	5.00%
64	30.00%	20.00%	10.00%	5.00%
65+	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.160%	0.240%
16	0.030%	0.030%	46	0.180%	0.270%
17	0.030%	0.030%	47	0.210%	0.300%
18	0.030%	0.030%	48	0.250%	0.330%
19	0.030%	0.030%	49	0.280%	0.360%
20	0.030%	0.030%	50	0.330%	0.400%
21	0.030%	0.030%	51	0.390%	0.440%
22	0.030%	0.030%	52	0.460%	0.490%
23	0.030%	0.030%	53	0.530%	0.540%
24	0.030%	0.030%	54	0.610%	0.590%
25	0.030%	0.030%	55	0.690%	0.640%
26	0.030%	0.030%	56	0.770%	0.690%
27	0.030%	0.030%	57	0.860%	0.740%
28	0.030%	0.040%	58	0.950%	0.800%
29	0.030%	0.040%	59	1.050%	0.850%
30	0.030%	0.040%	60	1.150%	0.900%
31	0.030%	0.050%	61	1.260%	0.960%
32	0.030%	0.050%	62	1.380%	1.010%
33	0.030%	0.060%	63	1.510%	1.050%
34	0.030%	0.060%	64	1.640%	1.090%
35	0.040%	0.070%	65+	0.00%	0.00%
36	0.040%	0.080%			
37	0.050%	0.090%			
38	0.060%	0.100%			
39	0.070%	0.120%			
40	0.080%	0.130%			
41	0.090%	0.150%			
42	0.100%	0.170%			
43	0.120%	0.190%			
44	0.140%	0.220%			

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Summary of Plan — Part A Benefit

Effective Date	January 1, 1973. Last restated effective January 1, 1989. Last amended January 1, 2022.
Eligibility for Participation	<p>Each employee who was a participant prior to January 1, 1987, and each regular employee hired thereafter who has attained age 21.</p> <p>Effective January 1, 2022, the plan is closed to new participants.</p> <p>Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan.</p>
Normal Retirement	
Eligibility	End of month in which sixty-fifth birthday occurs.
Monthly Benefit	<p>A monthly amount equal to the greatest of the following:</p> <ol style="list-style-type: none">(1) 1.0% of the final earnings for each year of benefit service up to 35 years.(2) (a) 1/35 of 50% of final earnings times years of benefit service up to 35; less (b) 0.5% of the lesser of final average compensation or covered compensation times years of benefit service up to 35 years.(3) \$2.00 times years of benefit service up to 35 years plus \$0.50 times years of age at retirement.(4) The accrued benefit as of December 31, 1988 determined under the terms of the plan in effect on that date.
Early Retirement	
Eligibility	End of any month after attaining age 55 with 15 years of vesting service, or after attaining age 55 with age plus completed years of vesting service equal to at least 75.
Monthly Benefit	Same as normal retirement benefit but reduced 4% per year from age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Special Retirement

Eligibility	End of any month after attaining age 55 with age plus completed years of seniority service equal at least 100.
Monthly Benefit	Same as normal retirement benefit, but based on seniority service rather than benefit service. Reduced 4% per year from age 62.

Early Special Retirement

Eligibility	The end of any month after attaining age 55 and if the participant were to continue employment, he or she would be eligible for special retirement prior to normal retirement.
Monthly Benefit	Same as special retirement based on seniority service and pay as of Early Special retirement date reduced by 4% per year.

Vested Deferred Retirement

Eligibility	Termination after five or more years of vesting service.
Monthly Benefit	Same as normal retirement benefit. The benefit may commence as early as age 55, actuarially reduced for early commencement.

Disability

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

Death and Nonvested Termination Benefits

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

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

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

payable in the normal form of a life annuity, commencing on the later of the date of death or age 55. The first payment is the later of the participant's date of death or the date that the participant would have been age 55.

The company pays the cost of this death benefit protection for active employees below age 45. All other employees pay the cost of the death benefit protection by taking a reduction in their prospective retirement benefits.

Vesting Service

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

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

Benefit Service

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

- (1) A participant will receive benefit service for credited service recognized under the plan prior to January 1, 1989.
- (2) Beginning January 1, 1989, a participant shall be entitled to one year of benefit service for each calendar year during which he completes 1,560 or more hours of service.
- (3) Maximum benefit service is 35 years.

Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan. For participants electing this choice the benefit service will not include service after December 31, 2022.

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Seniority Service

Same as vesting service plus service before the participant attained age 18. Maximum seniority service is 35 years.

Final Earnings

The monthly average of basic earnings for the 60 consecutive months within the 120 consecutive months next preceding the retirement or termination date which produce the highest average.

Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan. For participants electing this choice the monthly average earnings will not include compensation after December 31, 2022.

Basic Earnings

Total compensation excluding discretionary bonuses and special awards.

Maximum Compensation and Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation limits, which are updated annually.

Final Average Compensation

The monthly average of basic earnings for the three consecutive plan years next preceding retirement or termination but excluding basic earnings for any year in excess of the Social Security taxable wage base for that year.

Covered Compensation

The monthly average of the Social Security taxable wage bases in effect for each of the 35 calendar years ending with the year in which the participant reaches Social Security retirement age.

Payment of Benefits

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

Medium of Funding

Corporate trustee.

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Summary of Plan — Part B Benefit

Eligibility for Participation

Each employee who was a participant as of December 31, 2001.

Normal Retirement

Eligibility

End of month in which 65th birthday occurs.

Monthly Benefit

The monthly accrued benefit as of December 31, 2001 determined under the terms of the plan in effect on that date.

Early Retirement

Eligibility

End of any month after attaining age 55 with 10 years of vesting service.

Monthly Benefit

Same as normal retirement benefit but reduced 3% per year from age 65.

Vested Deferred Retirement

Eligibility

Termination after five or more years of vesting service.

Monthly Benefit

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

Disability

Eligibility

Disability under the Social Security definition after 10 years of vesting service.

Monthly Benefit

Same as normal retirement benefit.

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

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was payable in the normal form of a life annuity, commencing

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

on the later of the date of death or age 55. The first payment is the later of the participant's date of death or the date that the participant would have been age 55.

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

Vesting Service

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

Maximum Compensation and Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation limits, which are updated annually.

Payment of Benefits

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

Medium of Funding

Corporate trustee.

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.

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.

The plan sponsor's name has been updated from AbbVie Ltd. c/o AbbVie Inc. to AbbVie Ltd.

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the assumed expenses payable from the trust from \$290,000 to \$220,000.

This change was made to better reflect the anticipated future plan experience.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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		6								
25-29	2	54 \$52,419	4							
30-34	2	42 \$59,777	67 \$62,682	1						
35-39	2	28 \$101,195	51 \$76,683	17	4					
40-44	1	23 \$108,947	42 \$85,228	16	70 \$83,814	29 \$122,791	1			
45-49		24 \$81,126	34 \$98,362	20 \$87,777	40 \$97,122	107 \$108,870	9			
50-54	1	19	20 \$101,177	10	17	57 \$111,030	43 \$101,643	27 \$116,136		
55-59		9	14	9	11	35 \$125,250	16	36 \$119,529	1	
60-64			6	2	6	6	9	10	6	1
65-69		1						2		
70+										

N-1,070

Schedule SB Attachment (Form 5500) –2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

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	350,771	93,175	16,116,379	16,560,325
2025	1,061,892	267,711	15,858,629	17,188,232
2026	1,744,364	441,660	15,585,094	17,771,118
2027	2,391,590	603,612	15,294,927	18,290,129
2028	3,041,391	748,309	14,985,195	18,774,895
2029	3,634,480	884,781	14,654,992	19,174,253
2030	4,185,651	1,010,802	14,309,065	19,505,518
2031	4,727,409	1,127,806	13,943,774	19,798,989
2032	5,322,601	1,240,660	13,547,016	20,110,277
2033	5,863,436	1,354,097	13,139,637	20,357,170
2034	6,394,487	1,461,430	12,713,757	20,569,674
2035	6,881,142	1,554,812	12,268,800	20,704,754
2036	7,309,271	1,641,291	11,807,297	20,757,859
2037	7,702,616	1,718,026	11,328,568	20,749,210
2038	8,051,959	1,782,759	10,829,398	20,664,116
2039	8,324,505	1,835,303	10,322,431	20,482,239
2040	8,528,806	1,876,616	9,804,988	20,210,410
2041	8,708,421	1,910,024	9,278,261	19,896,706
2042	8,873,712	1,935,160	8,744,869	19,553,741
2043	8,999,871	1,952,979	8,207,651	19,160,501
2044	9,079,422	1,963,530	7,669,565	18,712,517
2045	9,109,953	1,963,868	7,133,596	18,207,417
2046	9,096,151	1,955,115	6,602,729	17,653,995
2047	9,055,777	1,936,351	6,079,873	17,072,001
2048	8,956,893	1,909,455	5,567,858	16,434,206
2049	8,815,708	1,873,692	5,069,406	15,758,806
2050	8,643,576	1,830,897	4,587,090	15,061,563
2051	8,443,606	1,781,132	4,123,334	14,348,072
2052	8,217,167	1,725,497	3,680,309	13,622,973
2053	7,973,984	1,664,462	3,259,969	12,898,415
2054	7,704,795	1,598,612	2,864,088	12,167,495
2055	7,415,232	1,528,334	2,494,249	11,437,815
2056	7,105,975	1,454,181	2,151,869	10,712,025
2057	6,778,078	1,376,690	1,838,055	9,992,823
2058	6,432,970	1,296,485	1,553,597	9,283,052

Schedule SB Attachment (Form 5500) –2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	6,074,562	1,214,535	1,298,849	8,587,946
2060	5,708,407	1,131,451	1,073,622	7,913,480
2061	5,336,432	1,048,161	877,215	7,261,808
2062	4,961,959	965,441	708,337	6,635,737
2063	4,589,174	884,207	565,233	6,038,614
2064	4,220,573	805,142	445,767	5,471,482
2065	3,859,713	728,790	347,522	4,936,025
2066	3,509,104	655,683	267,946	4,432,733
2067	3,171,129	586,175	204,452	3,961,756
2068	2,848,001	520,556	154,534	3,523,091
2069	2,541,436	459,046	115,842	3,116,324
2070	2,252,954	401,814	86,245	2,741,013
2071	1,983,698	348,962	63,875	2,396,535
2072	1,734,530	300,562	47,139	2,082,231
2073	1,506,031	256,634	34,718	1,797,383

Schedule SB Attachment (Form 5500) –2024 Plan Year
 AbbVie Puerto Rico Pension Plan
 EIN: 98-0429860 PN: 003

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	25.00%	1.0000	13.88
56.5	13.00%	0.7500	5.51
57.5	16.00%	0.6525	6.00
58.5	26.00%	0.5481	8.34
59.5	13.00%	0.4056	3.14
60.5	15.00%	0.3529	3.20
61.5	21.00%	0.2999	3.87
62.5	21.00%	0.2370	3.11
63.5	26.00%	0.1872	3.09
64.5	21.00%	0.1385	1.88
65.5	46.00%	0.1094	3.30
66.5	46.00%	0.0591	1.81
67.5	46.00%	0.0319	0.99
68.5	46.00%	0.0172	0.54
69.5	46.00%	0.0093	0.30
70	100.00%	0.0050	0.35
	Weighted Average		59.31

Schedule SB Attachment (Form 5500) –2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

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	350,771	93,175	16,116,379	16,560,325
2025	1,061,892	267,711	15,858,629	17,188,232
2026	1,744,364	441,660	15,585,094	17,771,118
2027	2,391,590	603,612	15,294,927	18,290,129
2028	3,041,391	748,309	14,985,195	18,774,895
2029	3,634,480	884,781	14,654,992	19,174,253
2030	4,185,651	1,010,802	14,309,065	19,505,518
2031	4,727,409	1,127,806	13,943,774	19,798,989
2032	5,322,601	1,240,660	13,547,016	20,110,277
2033	5,863,436	1,354,097	13,139,637	20,357,170
2034	6,394,487	1,461,430	12,713,757	20,569,674
2035	6,881,142	1,554,812	12,268,800	20,704,754
2036	7,309,271	1,641,291	11,807,297	20,757,859
2037	7,702,616	1,718,026	11,328,568	20,749,210
2038	8,051,959	1,782,759	10,829,398	20,664,116
2039	8,324,505	1,835,303	10,322,431	20,482,239
2040	8,528,806	1,876,616	9,804,988	20,210,410
2041	8,708,421	1,910,024	9,278,261	19,896,706
2042	8,873,712	1,935,160	8,744,869	19,553,741
2043	8,999,871	1,952,979	8,207,651	19,160,501
2044	9,079,422	1,963,530	7,669,565	18,712,517
2045	9,109,953	1,963,868	7,133,596	18,207,417
2046	9,096,151	1,955,115	6,602,729	17,653,995
2047	9,055,777	1,936,351	6,079,873	17,072,001
2048	8,956,893	1,909,455	5,567,858	16,434,206
2049	8,815,708	1,873,692	5,069,406	15,758,806
2050	8,643,576	1,830,897	4,587,090	15,061,563
2051	8,443,606	1,781,132	4,123,334	14,348,072
2052	8,217,167	1,725,497	3,680,309	13,622,973
2053	7,973,984	1,664,462	3,259,969	12,898,415
2054	7,704,795	1,598,612	2,864,088	12,167,495
2055	7,415,232	1,528,334	2,494,249	11,437,815
2056	7,105,975	1,454,181	2,151,869	10,712,025
2057	6,778,078	1,376,690	1,838,055	9,992,823
2058	6,432,970	1,296,485	1,553,597	9,283,052

Schedule SB Attachment (Form 5500) –2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	6,074,562	1,214,535	1,298,849	8,587,946
2060	5,708,407	1,131,451	1,073,622	7,913,480
2061	5,336,432	1,048,161	877,215	7,261,808
2062	4,961,959	965,441	708,337	6,635,737
2063	4,589,174	884,207	565,233	6,038,614
2064	4,220,573	805,142	445,767	5,471,482
2065	3,859,713	728,790	347,522	4,936,025
2066	3,509,104	655,683	267,946	4,432,733
2067	3,171,129	586,175	204,452	3,961,756
2068	2,848,001	520,556	154,534	3,523,091
2069	2,541,436	459,046	115,842	3,116,324
2070	2,252,954	401,814	86,245	2,741,013
2071	1,983,698	348,962	63,875	2,396,535
2072	1,734,530	300,562	47,139	2,082,231
2073	1,506,031	256,634	34,718	1,797,383

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions

Summary of Plan — Part A Benefit

Effective Date	January 1, 1973. Last restated effective January 1, 1989. Last amended January 1, 2022.
Eligibility for Participation	<p>Each employee who was a participant prior to January 1, 1987, and each regular employee hired thereafter who has attained age 21.</p> <p>Effective January 1, 2022, the plan is closed to new participants.</p> <p>Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan.</p>
Normal Retirement	
Eligibility	End of month in which sixty-fifth birthday occurs.
Monthly Benefit	<p>A monthly amount equal to the greatest of the following:</p> <ol style="list-style-type: none">(1) 1.0% of the final earnings for each year of benefit service up to 35 years.(2) (a) 1/35 of 50% of final earnings times years of benefit service up to 35; less (b) 0.5% of the lesser of final average compensation or covered compensation times years of benefit service up to 35 years.(3) \$2.00 times years of benefit service up to 35 years plus \$0.50 times years of age at retirement.(4) The accrued benefit as of December 31, 1988 determined under the terms of the plan in effect on that date.
Early Retirement	
Eligibility	End of any month after attaining age 55 with 15 years of vesting service, or after attaining age 55 with age plus completed years of vesting service equal to at least 75.
Monthly Benefit	Same as normal retirement benefit but reduced 4% per year from age 65.

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Special Retirement

Eligibility	End of any month after attaining age 55 with age plus completed years of seniority service equal at least 100.
Monthly Benefit	Same as normal retirement benefit, but based on seniority service rather than benefit service. Reduced 4% per year from age 62.

Early Special Retirement

Eligibility	The end of any month after attaining age 55 and if the participant were to continue employment, he or she would be eligible for special retirement prior to normal retirement.
Monthly Benefit	Same as special retirement based on seniority service and pay as of Early Special retirement date reduced by 4% per year.

Vested Deferred Retirement

Eligibility	Termination after five or more years of vesting service.
Monthly Benefit	Same as normal retirement benefit. The benefit may commence as early as age 55, actuarially reduced for early commencement.

Disability

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

Death and Nonvested Termination Benefits

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

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

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

payable in the normal form of a life annuity, commencing on the later of the date of death or age 55. The first payment is the later of the participant's date of death or the date that the participant would have been age 55.

The company pays the cost of this death benefit protection for active employees below age 45. All other employees pay the cost of the death benefit protection by taking a reduction in their prospective retirement benefits.

Vesting Service

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

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

Benefit Service

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

- (1) A participant will receive benefit service for credited service recognized under the plan prior to January 1, 1989.
- (2) Beginning January 1, 1989, a participant shall be entitled to one year of benefit service for each calendar year during which he completes 1,560 or more hours of service.
- (3) Maximum benefit service is 35 years.

Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan. For participants electing this choice the benefit service will not include service after December 31, 2022.

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

Seniority Service

Same as vesting service plus service before the participant attained age 18. Maximum seniority service is 35 years.

Final Earnings

The monthly average of basic earnings for the 60 consecutive months within the 120 consecutive months next preceding the retirement or termination date which produce the highest average.

Effective January 1, 2022, the plan was amended to offer one-time choice effective December 31, 2022, to freeze the defined benefit pension benefit under this plan and instead accrue benefits in the defined contribution plan. For participants electing this choice the monthly average earnings will not include compensation after December 31, 2022.

Basic Earnings

Total compensation excluding discretionary bonuses and special awards.

Maximum Compensation and Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation limits, which are updated annually.

Final Average Compensation

The monthly average of basic earnings for the three consecutive plan years next preceding retirement or termination but excluding basic earnings for any year in excess of the Social Security taxable wage base for that year.

Covered Compensation

The monthly average of the Social Security taxable wage bases in effect for each of the 35 calendar years ending with the year in which the participant reaches Social Security retirement age.

Payment of Benefits

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

Medium of Funding

Corporate trustee.

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Summary of Plan — Part B Benefit

Eligibility for Participation

Each employee who was a participant as of December 31, 2001.

Normal Retirement

Eligibility

End of month in which 65th birthday occurs.

Monthly Benefit

The monthly accrued benefit as of December 31, 2001 determined under the terms of the plan in effect on that date.

Early Retirement

Eligibility

End of any month after attaining age 55 with 10 years of vesting service.

Monthly Benefit

Same as normal retirement benefit but reduced 3% per year from age 65.

Vested Deferred Retirement

Eligibility

Termination after five or more years of vesting service.

Monthly Benefit

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

Disability

Eligibility

Disability under the Social Security definition after 10 years of vesting service.

Monthly Benefit

Same as normal retirement benefit.

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

Otherwise, the spouse's benefit would be 50% of the amount of deferred vested benefit to which the participant would have been entitled if the benefit was payable in the normal form of a life annuity, commencing

Schedule SB Attachment (Form 5500) —2024 Plan Year

AbbVie Puerto Rico Pension Plan

EIN: 98-0429860 PN: 003

on the later of the date of death or age 55. The first payment is the later of the participant's date of death or the date that the participant would have been age 55.

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

Vesting Service

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

Maximum Compensation and Benefits Limits

Benefits and compensation are limited by IRC section 415 maximum benefits and 401(a)(17) compensation limits, which are updated annually.

Payment of Benefits

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

Medium of Funding

Corporate trustee.

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from \$330,000 for 2023 to \$345,000 for 2024
- The legislated increase in the Section 415 dollar limits for defined benefit plans from \$265,000 for 2023 to \$275,000 for 2024.

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.

The plan sponsor's name has been updated from AbbVie Ltd. c/o AbbVie Inc. to AbbVie Ltd.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

Schedule SB Attachment (Form 5500) —2024 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the assumed expenses payable from the trust from \$290,000 to \$220,000.

This change was made to better reflect the anticipated future plan experience.