Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ABBVIE LTD.

TOTAL REWARDS
ROAD #2, KM. 58.0 CRUCE DAVILA
BARCELONETA, PR 00617

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ANDREW BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3012
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)**	1012
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	973
b	Retired or separated participants receiving benefits	**6b**	1506
c	Other retired or separated participants entitled to future benefits	**6c**	413
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2892
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	97
f	Total. Add lines **6d** and **6e**.	**6f**	2989
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**	6
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	469869279
b Actuarial value	**2b**	443468150

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	1573	194261091	194261091
b For terminated vested participants	427	20874793	20874793
c For active participants	1012	92817984	107594585
d Total	3012	307953868	322730469

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**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9464987
b Expected plan-related expenses	**6b**	100000
c Target normal cost	**6c**	9564987

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

09/17/2026
Date

CHRISTOPHER J. YURWITZ
Type or print name of actuary

26-06958
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)	45056330	39709404
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)	45056330	39709404
10	Interest on line 9 using prior year's actual return of 8.78 %	3955946	3486486
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	49012276	43195890

Part III Funding Percentages

14	Funding target attainment percentage	14	108.84 %
15	Adjusted funding target attainment percentage	15	137.41 %
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	130.95 %
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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ 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**	9564987
b Excess assets, if applicable, but not greater than line 31a	**31b**	9564987

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. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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).. . . . . [X] 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

PRUDENTIAL TRUST CO.

23-6994310

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

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

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

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

WELLINGTON TRUST COMPANY

04-2755549

(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?
28 50 51	NONE	192433	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK

30-0587659

(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?
28 50 51	NONE	137723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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?
19 28 50 51	NONE	48847	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PRUDENTIAL BANK & TRUST COMPANY

58-0513395

(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?
28 50 51	NONE	32093	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(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?
28 50 51	NONE	31076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	30270	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BARINGS, LLC

51-0504477

(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?
28 50 51	NONE	17546	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NISA INVESTMENT ADVISORS LLC

48-1140940

(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?
28 50 51	NONE	16353	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RHUMBLINE ADVISORS FUND

61-6310014

(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?
28 50 51	NONE	7975	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ABBVIE PUERTO RICO PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
98-0429860

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: COLLECTIVE EAFE INDEX FUND-LENDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-017	C	70675472

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE S&P 500 INDEX FUND-LENDI

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-001	C	131262034

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	9419809

a Name of MTIA, CCT, PSA, or 103-12 IE: L&G LONG DURATION US CREDIT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7085469-020	C	37511490

a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM EMERGING MARKETS EQUITY FUND

b Name of sponsor of entity listed in (a): AXIOM INTERNATIONAL INVESTORS, LLC

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)
34-2057991-001	C	48503199

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALLOCATION COLLECTIVE FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-0563260-001	C	40760924

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CREDIT SCREENED

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-4520291-001	C	37357401

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY

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

c EIN-PN 82-6253445-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18942984

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

c EIN-PN 23-6994310-057	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28503188

a Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX FUND POOLED TRUST

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISERS CORP.

c EIN-PN 04-3345692-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38889619

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF DB AA SOLUTION II

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-2767481-135	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40479670

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	261505	317760
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1496138	1565032
(2) U.S. Government securities	1c(2)	14686463	18116843
(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)	0	10647635
(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)	226629661	463416171
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	38889619
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	228457732	174498
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	471531499	533127558
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	81139	225910
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	165031	336671
1k Total liabilities (add all amounts in lines 1g through1j)	1k	246170	562581
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	471285329	532564977

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)	8499	
(B) U.S. Government securities	2b(1)(B)	521696	
(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)		530195
(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)	301509	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		301509
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5656298	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4622071	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1034227
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-28069	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-28069

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		71972996
(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)		3897594
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1911613
c Other income	2c		212930
d Total income. Add all **income** amounts in column (b) and enter total	2d		79832995
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17615558	
(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)		17615558
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)	849242	
(6) Bank or trust company trustee/custodial fees	2i(6)	48847	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	32200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	7500	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		937789
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		18553347
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		61279648
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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 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): 66-0561870

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 | 4

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 63.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.9 %
High-Yield Debt: 2.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.1 % Other: 15.3 %

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, 2025 and 2024

AbbVie Puerto Rico Pension Plan
Years Ended December 31, 2025 and 2024

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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, 2025 and 2024, 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, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the

information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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.

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- 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, 2025, 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

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additional procedures 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 14, 2026

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

	2025	2024
Assets		
Investments, at fair value	$ 532,809,798	$ 471,269,994
Accrued interest and dividends	302,595	261,505
Due from broker for securities sold	15,165	-
Total assets	533,127,558	471,531,499
Liabilities		
Cash overdraft	250,795	165,031
Due to broker for securities purchased	85,876	-
Accrued expenses	225,910	81,139
Total liabilities	562,581	246,170
NET ASSETS AVAILABLE FOR BENEFITS	$ 532,564,977	$ 471,285,329

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,

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 77,200,211	$ 28,626,505
Interest and dividends	2,632,784	9,525,381
Net investment income	79,832,995	38,151,886
Deductions		
Benefit payments	17,615,558	15,355,604
Administrative expenses	937,789	213,136
Total deductions	18,553,347	15,568,740
NET INCREASE	61,279,648	22,583,146
Net assets available for benefits		
Beginning of year	471,285,329	448,702,183
End of year	$ 532,564,977	$ 471,285,329

The accompanying notes are an integral part of these statements.

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 of the Plan; 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, 2025 and 2024.

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.

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.

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, 103-12 entity, and partnership: 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").

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:

	2025			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 1,565,032	$ -	$ -	$ 1,565,032
U.S. government securities	-	18,116,843	-	18,116,843
Registered investment companies	174,498	-	-	174,498
Total investments in the fair value hierarchy	$ 1,739,530	$18,116,843	$ -	19,856,373
Investments measured at NAV				512,953,425
Total investments, at fair value				$532,809,798

	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	228,457,732	-	-	228,457,732
Total investments in the fair value hierarchy	$229,953,870	$14,686,463	$ -	244,640,333
Investments measured at NAV				226,629,661
Total investments, at fair value				$471,269,994

The following tables provide the redemption requirements and restrictions for the Plan's investments measured using NAV as a practical expedient at December 31:

	2025			
	Fair value (NAV)	Redemption frequency	Redemption notice period	Restrictions
Funds filing as direct filing entity:				
Collective trusts	$ 463,416,171	Daily and monthly	1 - 15 days	--
Interest in 103-12 entity	38,889,619	Daily	1 day	--
Fund not filing as direct filing entity:				
Interest in partnership				
Fixed income	10,647,635	Daily	5 days	--
	$ 512,953,425			

	2024			
	Fair value (NAV)	Redemption frequency	Redemption notice period	Restrictions
Funds filing as direct filing entity:				
Collective trusts	$ 226,629,661	Daily	1 day	--

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.

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, 2025, are as follows:

Discount rate	5.75%
Mortality	Healthy Lives Pri-2012 employee and retiree mortality table projected generationally from 2012 using Scale MP-2021
Mortality	Disabled Lives Pri-2012 disabled retiree mortality table projected generationally from 2012 using Scale MP-2021
Retirement age	Active participants:

Age	Retirement rate
55	25.0%
56	15.0
57	20.0
58	30.0
59-60	15.0
61-62	25.0
63	30.0
64	25.0
65 - 69	50.0
70+	100.0

Terminated vested participants:

Age	Retirement rate
55	25.0%
56-60	10.0
61-63	15.0
64	50.0
65+	100.0

Changes to the significant actuarial assumptions used in the January 1, 2025 valuation from those used in the January 1, 2024 valuation include, updating the discount rate from 5.06% to 5.75% and updating the 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, 2025, is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$191,456,700
Other participants	107,161,745
Total vested benefits	298,618,445
Non-vested benefits	12,973,174
Total actuarial present value of accumulated plan benefits	$311,591,619

The change in the actuarial present value of accumulated plan benefits as of January 1, 2025, consists of the following:

Actuarial present value of accumulated plan benefits, January 1, 2024	$315,879,863
Change during the year attributable to	
Interest accumulation	15,563,575
Benefits paid	(15,355,604)
Change in assumptions	(21,825,393)
Benefits accumulated and other	17,329,178
Actuarial present value of accumulated plan benefits, January 1, 2025	$311,591,619

The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuation had it been performed as of December 31, 2024.

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 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, 2025 and 2024, 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.

NOTE G- RISKS AND UNCERTAINTIES

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

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

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

Certain Plan investments as of December 31, 2025 and 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 years ended December 31, 2025 and 2024 included futures contracts. 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, 2025 and 2024. 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.

	2025		2024	
	Notional amount	Fair Value	Notional amount	Fair Value
Futures	$ 111,003,391	$ -	$ 62,792,040	$ -

The following summarizes realized gains (losses) from futures contracts included in the Plan's net appreciation in fair value of investments in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.

	2025	2024
Futures	$ 1,001,472	$ (3,149,454)

NOTE K – CONCENTRATIONS

As of December 31, 2025 and 2024, the Plan's investment in one collective trust represented approximately 25% of the Plan's total investments.

NOTE L- SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events from December 31, 2025 through October 14, 2026, 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, 2025

(a)	(b) Identity of issuer and description of asset	(c) Shares/ par value	(d) Cost	(e) Current value
*	Interest bearing cash	1,565,032	$ 1,565,032	$ 1,565,032
	U.S. government securities			
	U.S TREASURY N/B 4.25% 08-15-2054	7,430,000	7,277,465	6,747,369
	U.S. TREASURY BOND STRIPPED PRIN 0% 08-15-2054	10,400,000	3,036,904	2,559,398
	U.S. TREASURY BONDS 3.625% 02-15-2053	5,905,000	4,880,852	4,802,195
	U.S. TREASURY SEC STRIPPED INT PMT 00091 11-15-2038	3,505,000	1,877,629	1,939,922
	U.S. TREASURY SEC STRIPPED INT PMT 00116 11-15-2039	3,970,000	2,018,864	2,067,959
			19,091,714	18,116,843
	Collective trust funds			
	AXIOM EMERGING MARKETS TRUST	3,427,788	37,500,000	48,503,199
	BLACKROCK GLOBAL ALLOCATION FUND	1,634,673	34,894,477	40,760,924
	BLACKROCK LONG DURATION CORPORATE CREDIT SCREENED	1,903,348	35,237,648	37,357,401
	GQG PARTNERS INTERNATIONAL EQUITY CIT	983,607	18,000,000	18,942,984
	JENNISON GROWTH EQUITY FUND	230,702	25,035,670	28,503,188
	L&G LONG DURATION U.S. CREDIT CIT FUND	285,410	35,236,770	37,511,490
*	NORTHERN TRUST COLLECTIVE EAFE INDEX FUND	68,698	54,030,962	70,675,472
*	NORTHERN TRUST COLLECTIVE S&P 500 INDEX FUND	4,903	111,857,258	131,262,034
*	NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	9,419,809	9,419,809	9,419,809
	WTC CIF DEFINED BENEFIT AA SOLUTION II	2,654,405	35,748,815	40,479,670
	Total collective trust funds		396,961,409	463,416,171
	Interest in 103-12 entity			
	RHUMBLINE S&P MID CAP 400 POOLED INDEX FUND	194,069	34,992,441	38,889,619
	Interest in partnership			
	BARINGS US HIGH YIELD FUND	85,374	10,647,228	10,647,635
	Registered investment company			
	GOLDMAN SACHS TR II GQG PARTNERS INTERNATIONAL OPPORTUNITIES FUND	7,766	177,881	174,498
	Other			
	FUT MAR 26 CBT UL T-BONDS	(402)	48,212,497	(47,436,000)
	FUT MAR 26 CBT UL T-BONDS	402	(48,212,497)	47,436,000
	FUT MAR 26 CBT ULT TNOTE	166	19,177,902	19,092,594
	FUT MAR 26 CBT ULT TNOTE	(166)	(19,177,902)	(19,092,594)
	FUT MAR 26 US 5YR T-NOTE	170	18,618,914	18,581,797
	FUT MAR 26 US 5YR T-NOTE	(170)	(18,618,914)	(18,581,797)
	FUT MAR 26 U.S. T-BONDS	224	26,118,105	25,893,000
	FUT MAR 26 U.S. T-BONDS	(224)	(26,118,105)	(25,893,000)
	Total other		-	-
	Total		$ 463,435,705	$ 532,809,798

* 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, 2025

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:							
AXIOM EMERGING MARKETS TRUST	$ 11	$ -	$ -	$ -	$ 37,500,000	$ 37,500,000	$ -
BLACKROCK GLOBAL ALLOCATION FUND	21	-	-	-	35,000,000	35,000,000	-
BLACKROCK LONG DURATION CORPORATE CREDIT SCREENED	19	-	-	-	36,250,000	36,250,000	-
JENNISON GROWTH EQUITY FUND	108	-	-	-	25,000,000	25,000,000	-
RHUMBLINE S&P MID CAP 400 POOLED INDEX FUND	180	-	-	-	35,000,000	35,000,000	-
WTC CIF DEFINED BENEFIT AA SOLUTION II	13	-	-	-	35,000,000	35,000,000	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	1	-	-	-	37,870,706	37,870,706	-
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	-	1	-	-	37,500,000	37,500,000	-
ISHARES TR MSCI EMERGING MARKETS INDEX FUND	-	41	-	-	28,072,444	29,271,545	1,199,101
BLACKROCK GLOBAL ALLOCATION FUND INSTITUTIONAL	-	19	-	-	33,858,187	36,780,475	2,922,288
STATE STREET SPDR S&P MIDCAP 400	-	544	-	-	6,801,986	29,894,886	23,092,900
VANGUARD TOTAL BOND MARKET ETF	-	72	-	-	37,064,993	37,911,821	846,828
PIMCO FOR FUTURE I ALL	-	7	-	-	34,467,789	33,734,095	(733,694)
PRUDENTIAL INVT PORTFOLIOS INC PGIM JENNISON	-	72	-	-	26,871,993	25,477,496	(1,394,497)
Category 3 - series of transactions in excess of 5% of plan assets:							
BLACKROCK LONG DURATION CORPORATE CREDIT SCREENED	$ 36,250,000	$ -	$ -	$ -	$ 36,250,000	$ 36,250,000	$ -
	-	1,020,497	-	-	1,012,352	1,020,497	8,145
BLACKROCK GLOBAL ALLOCATION FUND	35,000,000	-	-	-	35,000,000	35,000,000	-
	-	117,227	-	-	105,523	117,227	11,704

AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 Plan: 003
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended December 31, 2025

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)
JENNISON GROWTH EQUITY FUND	25,000,000	-	-	-	25,000,000	25,000,000	-
	-	32,093	-	-	28,890	32,093	3,203
RHUMBLINE S&P MID CAP 400 POOLED INDEX FUND	35,000,000	-	-	-	35,000,000	35,000,000	-
	-	7,975	-	-	7,559	7,975	416
WTC CIF DEFINED BENEFIT AA SOLUTION II	35,929,412	-	-	-	35,929,412	35,929,412	-
	-	192,433	-	-	180,598	192,433	11,835
NORTHERN TRUST COLLECTIVE SHORT TERM INVESTMENT FUND	111,347,296	-	-	-	111,347,296	111,347,296	-
	-	111,308,023	-	-	111,308,023	111,308,023	-

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

Schedule SB Attachment (Form 5500) —2025 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, 2025

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		4								
25-29	1	43 $58,329	1							
30-34	1	39 $63,532	51 $69,920	4						
35-39	1	28 $91,496	49 $84,193	33 $81,828	2					
40-44	1	16	35 $111,831	23 $72,241	49 $92,799	24 $129,769				
45-49	1	19	34 $101,890	20 $96,923	31 $100,940	110 $116,628	18			
50-54	1	16	26 $111,953	15	13	67 $106,340	43 $119,987	18	1	
55-59		7	16	11	10	31 $141,258	16	32 $142,281	9	
60-64			5	2	4	6	9	5	6	1
65-69		1	1		1			1		
70+										

N-1,012

Schedule SB Attachment (Form 5500) —2025 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 2024), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
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	25%	70%
100% Joint & Survivor	15%	10%
75% Joint & Survivor	5%	0%
66% Joint & Survivor	10%	0%
50% Joint & Survivor	35%	10%
10-Year C&L	0%	5%
15-Year C&L	10%	5%

Terminated Vested Participants

	Male	Female
Life Annuity	30%	40%
100% Joint & Survivor	30%	20%
50% Joint & Survivor	20%	15%
75% Joint & Survivor	10%	5%
10-Year C&L	0%	10%
15-Year C&L	10%	10%

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	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
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 $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2025 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Expected Return on Assets

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%
2025 Plan Year	8.25% The applicable third segment rate limitation is 5.50%
Trust Expenses Included in Target Normal Cost	$100,000 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, 2025

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%

Table 2

Retirement Rates for Active Participants

Age	Rate
55	25.00%
56	15.00%
57	20.00%
58	30.00%
59	15.00%
60	15.00%
61	25.00%
62	25.00%
63	30.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Retirement Rates for Terminated Vested Participants

Age	Rate
55	25.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	50.00%
65+	100.00%

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%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.018%	0.018%	45	0.096%	0.144%
16	0.018%	0.018%	46	0.108%	0.162%
17	0.018%	0.018%	47	0.126%	0.180%
18	0.018%	0.018%	48	0.150%	0.198%
19	0.018%	0.018%	49	0.168%	0.216%
20	0.018%	0.018%	50	0.198%	0.240%
21	0.018%	0.018%	51	0.234%	0.364%
22	0.018%	0.018%	52	0.276%	0.294%
23	0.018%	0.018%	53	0.318%	0.324%
24	0.018%	0.018%	54	0.366%	0.354%
25	0.018%	0.018%	55	0.414%	0.384%
26	0.018%	0.018%	56	0.462%	0.414%
27	0.018%	0.018%	57	0.516%	0.444%
28	0.018%	0.024%	58	0.570%	0.480%
29	0.018%	0.024%	59	0.630%	0.510%
30	0.018%	0.024%	60	0.690%	0.540%
31	0.018%	0.030%	61	0.756%	0.576%
32	0.018%	0.030%	62	0.828%	0.606%
33	0.018%	0.036%	63	0.906%	0.630%
34	0.018%	0.036%	64	0.984%	0.0654%
35	0.024%	0.042%	65+	0.00%	0.00%
36	0.024%	0.048%			
37	0.030%	0.054%			
38	0.036%	0.060%			
39	0.042%	0.072%			
40	0.048%	0.078%			
41	0.054%	0.009%			
42	0.060%	0.102%			
43	0.072%	0.114%			
44	0.084%	0.132%			

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	469,869,279
b Actuarial value	**2b**	443,468,150

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	1,573	194,261,091	194,261,091
b For terminated vested participants	427	20,874,793	20,874,793
c For active participants	1,012	92,817,984	107,594,585
d Total	3,012	307,953,868	322,730,469

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**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9,464,987
b Expected plan-related expenses	**6b**	100,000
c Target normal cost	**6c**	9,564,987

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 C.J.Y.
Signature of actuary

09/17/2026
Date

Christopher J. Yurwitz
Type or print name of actuary

2606958
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)	45,056,330	39,709,404
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)	45,056,330	39,709,404
10	Interest on line 9 using prior year's actual return of 8.78%	3,955,946	3,486,486
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	49,012,276	43,195,890

Part III Funding Percentages

14	Funding target attainment percentage	14	108.84%
15	Adjusted funding target attainment percentage	15	137.41%
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	130.95%
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 [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

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**	9,564,987
b Excess assets, if applicable, but not greater than line 31a	**31b**	9,564,987

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. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) —2025 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	15.00%	0.7500	6.36
57.5	20.00%	0.6375	7.33
58.5	30.00%	0.5100	8.95
59.5	15.00%	0.3570	3.19
60.5	15.00%	0.3035	2.75
61.5	25.00%	0.2579	3.97
62.5	25.00%	0.1934	3.02
63.5	30.00%	0.1451	2.76
64.5	25.00%	0.1016	1.64
65.5	50.00%	0.0762	2.49
66.5	50.00%	0.0381	1.27
67.5	50.00%	0.0190	0.64
68.5	50.00%	0.0095	0.33
69.5	50.00%	0.0048	0.17
70	100.00%	0.0024	0.17
		Weighted Average	58.92

Schedule SB Attachment (Form 5500) —2025 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 2024), each adjusted as needed to fall within the 25-year average interest rate corridor under interest rate stabilization under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
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	25%	70%
100% Joint & Survivor	15%	10%
75% Joint & Survivor	5%	0%
66% Joint & Survivor	10%	0%
50% Joint & Survivor	35%	10%
10-Year C&L	0%	5%
15-Year C&L	10%	5%

Terminated Vested Participants

	Male	Female
Life Annuity	30%	40%
100% Joint & Survivor	30%	20%
50% Joint & Survivor	20%	15%
75% Joint & Survivor	10%	5%
10-Year C&L	0%	10%
15-Year C&L	10%	10%

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	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
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 $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Schedule SB Attachment (Form 5500) —2025 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Expected Return on Assets

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%
2025 Plan Year	8.25% The applicable third segment rate limitation is 5.50%
Trust Expenses Included in Target Normal Cost	$100,000 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, 2025

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%

Table 2

Retirement Rates for Active Participants

Age	Rate
55	25.00%
56	15.00%
57	20.00%
58	30.00%
59	15.00%
60	15.00%
61	25.00%
62	25.00%
63	30.00%
64	25.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Retirement Rates for Terminated Vested Participants

Age	Rate
55	25.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	15.00%
62	15.00%
63	15.00%
64	50.00%
65+	100.00%

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%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.018%	0.018%	45	0.096%	0.144%
16	0.018%	0.018%	46	0.108%	0.162%
17	0.018%	0.018%	47	0.126%	0.180%
18	0.018%	0.018%	48	0.150%	0.198%
19	0.018%	0.018%	49	0.168%	0.216%
20	0.018%	0.018%	50	0.198%	0.240%
21	0.018%	0.018%	51	0.234%	0.364%
22	0.018%	0.018%	52	0.276%	0.294%
23	0.018%	0.018%	53	0.318%	0.324%
24	0.018%	0.018%	54	0.366%	0.354%
25	0.018%	0.018%	55	0.414%	0.384%
26	0.018%	0.018%	56	0.462%	0.414%
27	0.018%	0.018%	57	0.516%	0.444%
28	0.018%	0.024%	58	0.570%	0.480%
29	0.018%	0.024%	59	0.630%	0.510%
30	0.018%	0.024%	60	0.690%	0.540%
31	0.018%	0.030%	61	0.756%	0.576%
32	0.018%	0.030%	62	0.828%	0.606%
33	0.018%	0.036%	63	0.906%	0.630%
34	0.018%	0.036%	64	0.984%	0.0654%
35	0.024%	0.042%	65+	0.00%	0.00%
36	0.024%	0.048%			
37	0.030%	0.054%			
38	0.036%	0.060%			
39	0.042%	0.072%			
40	0.048%	0.078%			
41	0.054%	0.009%			
42	0.060%	0.102%			
43	0.072%	0.114%			
44	0.084%	0.132%			

Schedule SB Attachment (Form 5500) —2025 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	Each employee who was a participant prior to January 1, 1987, and each regular employee hired thereafter who has attained age 21. Effective January 1, 2022, the plan is closed to new participants. 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.
Normal Retirement	
Eligibility	End of month in which sixty-fifth birthday occurs.
Monthly Benefit	A monthly amount equal to the greatest of the following: (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.

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 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.

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) —2025 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 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) —2025 Plan Year
AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from $345,000 for 2024 to $350,000 for 2025.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from $275,000 for 2024 to $280,000 for 2025.

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.

Schedule SB Attachment (Form 5500) —2025 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 changes:

- A change in the assumed expenses payable from the trust from $220,000 to $100,000.
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study.
- A change in the retirement rates for terminated vested participants to better reflect anticipated future experience as the result of an assumption study.
- A change in the disability rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election percentages to better reflect anticipated future experience as the result of an assumption study.

Schedule SB Attachment (Form 5500) —2025 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, 2025

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		4								
25-29	1	43 $58,329	1							
30-34	1	39 $63,532	51 $69,920	4						
35-39	1	28 $91,496	49 $84,193	33 $81,828	2					
40-44	1	16	35 $111,831	23 $72,241	49 $92,799	24 $129,769				
45-49	1	19	34 $101,890	20 $96,923	31 $100,940	110 $116,628	18			
50-54	1	16	26 $111,953	15	13	67 $106,340	43 $119,987	18	1	
55-59		7	16	11	10	31 $141,258	16	32 $142,281	9	
60-64			5	2	4	6	9	5	6	1
65-69		1	1		1			1		
70+										

N-1,012

Schedule SB Attachment (Form 5500) —2025 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
2025	427,454	108,723	17,025,479	17,561,656
2026	1,284,320	290,395	16,747,424	18,322,139
2027	2,122,874	428,465	16,452,130	19,003,469
2028	2,937,114	578,544	16,136,819	19,652,477
2029	3,692,360	714,762	15,798,937	20,206,059
2030	4,390,593	856,339	15,444,501	20,691,433
2031	5,070,888	994,776	15,070,278	21,135,942
2032	5,768,860	1,136,057	14,664,254	21,569,171
2033	6,394,921	1,277,409	14,247,082	21,919,412
2034	7,000,558	1,372,048	13,808,387	22,180,993
2035	7,544,111	1,460,925	13,350,592	22,355,628
2036	8,015,000	1,558,416	12,877,089	22,450,505
2037	8,442,353	1,636,043	12,385,521	22,463,917
2038	8,804,450	1,702,918	11,872,673	22,380,041
2039	9,091,928	1,759,472	11,348,319	22,199,719
2040	9,301,065	1,801,119	10,813,203	21,915,387
2041	9,464,593	1,845,119	10,267,942	21,577,654
2042	9,591,692	1,878,128	9,714,244	21,184,064
2043	9,682,983	1,914,167	9,154,786	20,751,936
2044	9,733,608	1,924,842	8,592,382	20,250,832
2045	9,743,511	1,928,694	8,029,888	19,702,093
2046	9,711,946	1,918,420	7,470,175	19,100,541
2047	9,654,845	1,893,299	6,916,061	18,464,205
2048	9,548,214	1,866,086	6,370,299	17,784,599
2049	9,403,182	1,832,846	5,835,566	17,071,594
2050	9,231,830	1,792,186	5,314,445	16,338,461
2051	9,034,142	1,746,535	4,809,443	15,590,120
2052	8,810,636	1,695,334	4,322,920	14,828,890
2053	8,570,154	1,639,401	3,857,150	14,066,705
2054	8,303,119	1,579,089	3,414,339	13,296,547
2055	8,013,800	1,514,002	2,996,605	12,524,407
2056	7,702,320	1,445,650	2,605,967	11,753,937
2057	7,371,091	1,373,363	2,244,198	10,988,652
2058	7,020,792	1,298,844	1,912,761	10,232,397
2059	6,655,230	1,222,199	1,612,669	9,490,098

Schedule SB Attachment (Form 5500) —2025 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
2060	6,278,937	1,143,723	1,344,383	8,767,043
2061	5,893,839	1,065,115	1,107,778	8,066,732
2062	5,503,488	986,396	902,028	7,391,912
2063	5,111,816	908,473	725,713	6,746,002
2064	4,721,440	832,086	576,892	6,130,418
2065	4,336,166	757,806	453,187	5,547,159
2066	3,959,021	686,043	351,958	4,997,022
2067	3,592,871	617,239	270,407	4,480,517
2068	3,240,363	551,701	205,718	3,997,782
2069	2,903,776	489,718	155,177	3,548,671
2070	2,585,108	431,554	116,262	3,132,924
2071	2,285,971	377,367	86,712	2,750,050
2072	2,007,638	327,351	64,551	2,399,540
2073	1,751,063	281,578	48,110	2,080,751
2074	1,516,814	240,132	36,019	1,792,965

Schedule SB Attachment (Form 5500) —2025 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	15.00%	0.7500	6.36
57.5	20.00%	0.6375	7.33
58.5	30.00%	0.5100	8.95
59.5	15.00%	0.3570	3.19
60.5	15.00%	0.3035	2.75
61.5	25.00%	0.2579	3.97
62.5	25.00%	0.1934	3.02
63.5	30.00%	0.1451	2.76
64.5	25.00%	0.1016	1.64
65.5	50.00%	0.0762	2.49
66.5	50.00%	0.0381	1.27
67.5	50.00%	0.0190	0.64
68.5	50.00%	0.0095	0.33
69.5	50.00%	0.0048	0.17
70	100.00%	0.0024	0.17
		Weighted Average	58.92

Schedule SB Attachment (Form 5500) —2025 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
2025	427,454	108,723	17,025,479	17,561,656
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Schedule SB Attachment (Form 5500) —2025 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
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2064	4,721,440	832,086	576,892	6,130,418
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2066	3,959,021	686,043	351,958	4,997,022
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2068	3,240,363	551,701	205,718	3,997,782
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2070	2,585,108	431,554	116,262	3,132,924
2071	2,285,971	377,367	86,712	2,750,050
2072	2,007,638	327,351	64,551	2,399,540
2073	1,751,063	281,578	48,110	2,080,751
2074	1,516,814	240,132	36,019	1,792,965

Schedule SB Attachment (Form 5500) —2025 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	Each employee who was a participant prior to January 1, 1987, and each regular employee hired thereafter who has attained age 21. Effective January 1, 2022, the plan is closed to new participants. 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.
Normal Retirement	
Eligibility	End of month in which sixty-fifth birthday occurs.
Monthly Benefit	A monthly amount equal to the greatest of the following: (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.

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 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.

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) —2025 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 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.

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AbbVie Puerto Rico Pension Plan
EIN: 98-0429860 PN: 003

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations reflect the following plan changes:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from $345,000 for 2024 to $350,000 for 2025.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from $275,000 for 2024 to $280,000 for 2025.

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.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

Schedule SB Attachment (Form 5500) —2025 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 changes:

- A change in the assumed expenses payable from the trust from $220,000 to $100,000.
- A change in the retirement rates for active employees to better reflect anticipated future experience as the result of an assumption study.
- A change in the retirement rates for terminated vested participants to better reflect anticipated future experience as the result of an assumption study.
- A change in the disability rates to better reflect anticipated future experience as the result of an assumption study.
- A change in the optional payment form election percentages to better reflect anticipated future experience as the result of an assumption study.