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| <p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;">2022</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection</p> |
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| | |
|--|--|
| Part I | Annual Report Identification Information |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> | |
| A | This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
| | <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B | This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report |
| | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C | If the plan is a collectively-bargained plan, check here. <input type="checkbox"/> |
| D | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program |
| | <input type="checkbox"/> special extension (enter description) |
| E | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/> |

| | |
|----------------|---|
| Part II | Basic Plan Information —enter all requested information |
| 1a | Name of plan <u>HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION PLAN</u> |
| 1b | Three-digit plan number (PN) ▶ <u>002</u> |
| 1c | Effective date of plan <u>03/10/1992</u> |
| 2a | Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HEWLETT PACKARD ENTERPRISE II BV LLC</u> <u>PO BOX 4048</u> <u>AGUADILLA, PR 00605-4046</u> |
| 2b | Employer Identification Number (EIN) <u>98-1684330</u> |
| 2c | Plan Sponsor's telephone number <u>787-658-4137</u> |
| 2d | Business code (see instructions) <u>335900</u> |

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. | 10/10/2023 | ANN HSE-LEE, AS TRANSMITTER |
| | 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 |

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

Form 5500 (2022)
v. 220413

| | | |
|---|--------------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | | 4b EIN 98-0399842 |
| a Sponsor's name HEWLETT-PACKARD CARIBE B.V. LLC | | 4d PN 002 |
| c Plan Name HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION | | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1225 |
| 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) | 743 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 751 |
| b Retired or separated participants receiving benefits | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 471 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 1222 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 1222 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 1202 |
| 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 Characteristics Codes in the instructions: 2E 2F 2G 3C 3H | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | | |

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

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

| | |
|---|--|
| <p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> | <p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p> |
|---|--|

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| | | |
|--|--|------------|
| A Name of plan <u>HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEWLETT PACKARD ENTERPRISE II BV LLC</u> | D Employer Identification Number (EIN) <u>98-1684330</u> | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (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? |
|------------------------|---|--|--|--|---|--|
| 37 64 | RECORDKEEPER | 8890 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| ABF/S SM CAP GRTH I-DST ASSET 430 W 7TH STREET KANSAS CITY, MO 64105 | 0.04% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| HARBOR CAP APPR INST-HARBOR SERVICE 34-1953399 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| HRDG LVNR INTL EQ IS-NORTHERN TRUST 333 SOUTH WABASH AVE CHICAGO, IL 60604 | 0.15% | |

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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| MAINSTAY/E US EQ I NYLIM SERVICE CO 52-2206685 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| VRS PARTNERS Y-FIS INVESTOR SERVICE 14785 PRESTON ROAD DALLAS, TX 75254 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (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. | |
| TOUCHSTN MIDCPGR IS-BNY MELLON INV 301 BELLEVUE PARKWAY WILMINGTON, DE 19809 | 0.07% | |

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 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

| | | |
|---|---|-----|
| A Name of plan HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION PLAN | B Three-digit plan number (PN) ► | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HEWLETT PACKARD ENTERPRISE II BV LLC | D Employer Identification Number (EIN) 98-1684330 | |

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) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | 1c(1) | 11007507 13713921 |
| (2) U.S. Government securities..... | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred..... | 1c(3)(A) | |
| (B) All other..... | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred..... | 1c(4)(A) | |
| (B) Common..... | 1c(4)(B) | |
| (5) Partnership/joint venture interests..... | 1c(5) | |
| (6) Real estate (other than employer real property)..... | 1c(6) | |
| (7) Loans (other than to participants)..... | 1c(7) | |
| (8) Participant loans..... | 1c(8) | 2685530 2853068 |
| (9) Value of interest in common/collective trusts..... | 1c(9) | |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | |
| (11) Value of interest in master trust investment accounts..... | 1c(11) | |
| (12) Value of interest in 103-12 investment entities..... | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 182766983 141429212 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 196460020 | 157996201 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 196460020 | 157996201 |

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) | 1951991 | |
| (B) Participants..... | 2a(1)(B) | 4507128 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 3251963 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 9711082 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 214231 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | 128993 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 343224 |
| (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) | 9859210 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 9859210 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)..... | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -49506997 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | -29593481 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8861448 | |
| (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) | | 8861448 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 8890 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4)..... | 2i(5) | | 8890 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 8870338 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d..... | 2k | | -38463819 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ALBERTO R LAZARO PSC

(2) EIN: 66-0612011

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.)

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |

| | | Yes | No | Amount |
|---|-----------|-----|----|--------|
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | 4d | | X | |
| e Was this plan covered by a fidelity bond?..... | 4e | X | | 500000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?..... | 4h | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)..... | 4i | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)..... | 4j | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| | | |
|--|---|---|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

| | | |
|--|--|------------|
| A Name of plan <u>HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION PLAN</u> | B Three-digit plan number (PN) ▶ | <u>002</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEWLETT PACKARD ENTERPRISE II BV LLC</u> | D Employer Identification Number (EIN) <u>98-1684330</u> | |

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

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

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

| | |
|---|---|
| 1 | 0 |
|---|---|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-6568107

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

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

| | |
|---|--|
| 3 | |
|---|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

| | |
|------------------|---|
| Plan Name | Hewlett Packard Enterprise Puerto Rico Tax Saving Capital Accumulation Plan |
| Plan Sponsor EIN | Hewlett Packard Enterprise II BV LLC |
| ERISA Plan No. | 002 |
| Plan Year End | 2022 |

The required attachment noted below is included within the Financial Statement attached to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

| Form/Schedule | Line Item | Description |
|-----------------|-----------|--------------------|
| 5500 Schedule H | Line 3a | Accountant Opinion |

| | | |
|---|---|---|
| Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Annual Return/Report of Employee Benefit Plan <small>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</small> ▶ Complete all entries in accordance with the instructions to the Form 5500. | <small>OMB Nos. 1210-0110 1210-0089</small> <h2 style="text-align: center;">2022</h2> This Form is Open to Public Inspection |
|---|---|---|

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

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

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

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 HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION PLAN | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 03/10/1992</td> </tr> </table> | 1b Three-digit plan number (PN) ▶ | 002 | 1c Effective date of plan 03/10/1992 | |
| 1b Three-digit plan number (PN) ▶ | 002 | | | | |
| 1c Effective date of plan 03/10/1992 | | | | | |
| 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) Hewlett Packard Enterprise II BV LLC Po Box 4048 Aguadilla PR 00605-4046 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 98-1684330</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 787-658-4137</td> </tr> <tr> <td>2d Business code (see instructions) 335900</td> </tr> </table> | 2b Employer Identification Number (EIN) 98-1684330 | 2c Plan Sponsor's telephone number 787-658-4137 | 2d Business code (see instructions) 335900 | |
| 2b Employer Identification Number (EIN) 98-1684330 | | | | | |
| 2c Plan Sponsor's telephone number 787-658-4137 | | | | | |
| 2d Business code (see instructions) 335900 | | | | | |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|---------------------|---|
| SIGN HERE | | <u>10/6/23</u> | David Serr |
| | <small>Signature of plan administrator</small> | <small>Date</small> | <small>Enter name of individual signing as plan administrator</small> |
| SIGN HERE | | | |
| | <small>Signature of employer/plan sponsor</small> | <small>Date</small> | <small>Enter name of individual signing as employer or plan sponsor</small> |
| SIGN HERE | | | |
| | <small>Signature of DFE</small> | <small>Date</small> | <small>Enter name of individual signing as DFE</small> |

| | |
|--|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name HEWLETT-PACKARD CARIBE B.V. LLC c Plan Name HEWLETT PACKARD ENTERPRISE PUERTO RICO TAX SAVING CAPITAL ACCUMULATION | 4b EIN 98-0399842 4d PN 002 |
| 5 Total number of participants at the beginning of the plan year | 5 1,225 |
| 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) 741 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) 751 |
| b Retired or separated participants receiving benefits | 6b 0 |
| c Other retired or separated participants entitled to future benefits | 6c 471 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d 1,222 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e 0 |
| f Total. Add lines 6d and 6e | 6f 1,222 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g 1,202 |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 3C 3H | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: | |
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
| 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

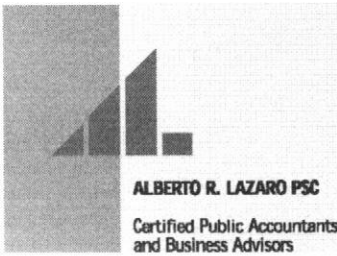
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

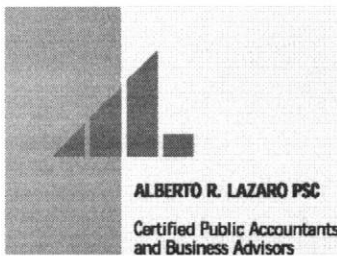
11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____



Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan

**Financial Statements
As of December 31, 2022
Together with Independent Auditors' Report**



Independent Auditors' Report

To the Plan Administrator of
Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of **Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation 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 statement of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements (2022 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 audit 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, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

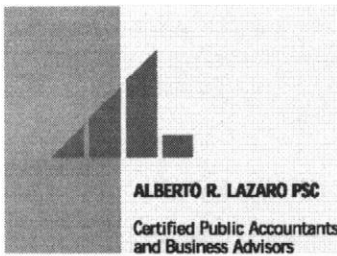
Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan** and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 **Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan's** ability to continue as a going concern for within one year after the date the financial statements were available to be issued.

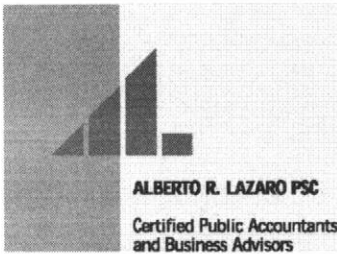
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

Auditors' 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 auditors' 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.
- 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 **Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation 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 **Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan's** ability to continue as a going concern for a reasonable period of time.



Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets held for investment purposes for December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, 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 schedule related to assets held for investment purposes 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).

San Juan, Puerto Rico,
October 6, 2023.



Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

| | <u>2022</u> | <u>2021</u> |
|---|----------------------|----------------------|
| Assets: | | |
| Investments , at fair value | \$155,143,133 | \$193,774,490 |
| Notes Receivable from Participants | 2,853,068 | 2,685,530 |
| Net Assets Available for Benefits | <u>\$157,996,201</u> | <u>\$196,460,020</u> |

The accompanying notes are an integral part of these statements.

Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan

**Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022**

| | |
|---|----------------------|
| Additions to Net Assets Available for Benefits | |
| Attributed to: | |
| Contributions - | |
| Employer | \$ 1,951,991 |
| Participants | 4,507,128 |
| Rollovers | 3,251,963 |
| | ----- |
| | 9,711,082 |
| Dividend and interest income | 10,202,434 |
| | ----- |
| Total additions | 19,913,516 |
| | ----- |
| Deductions from Net Assets Available for Benefits | |
| Attributed to: | |
| Withdrawals and benefit payments | 8,861,448 |
| Net depreciation in fair value of investments | 49,506,997 |
| Administrative expenses | 8,890 |
| | ----- |
| Total deductions | 58,377,335 |
| | ----- |
| Net Decrease in Net Assets Available for Benefits | (38,463,819) |
| Net Assets Available for Benefits, beginning of year | 196,460,020 |
| | ----- |
| Net Assets Available for Benefits, end of year | \$157,996,201 |
| | ===== |

The accompanying notes are an integral part of this statement.

Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan

Notes to Financial Statements December 31, 2022

1. Plan Description:

The following description of the Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan Sponsor is Hewlett-Packard Caribe BV LLC and Plan Administrator is the Committee established by Hewlett-Packard Caribe BV LLC, the Trustee is Banco Popular de Puerto Rico, and Fidelity Management Trust Company is an investment manager and the record keeper of the Plan. The Plan invests in shares of mutual funds managed by Fidelity Management Trust Company. Please refer to Note 6. Subsequent Events, for details on a corporate restructuring affecting the Hewlett Packard Enterprise entities doing business in Puerto Rico (the HPE PR Entities), effective April 1, 2023.

General

The Plan is a Puerto Rico only qualified defined contribution plan covering substantially all employees of Hewlett-Packard Caribe BV LLC, Hewlett-Packard Puerto Rico BV LLC, Hewlett Packard Caribe y Andina BV LLC, Hewlett Packard Enterprise CRL and Hewlett Packard Enterprise Holdings CRL (the Companies) (refer to Plan's amendments details below for participant employers' updates).

The Plan was originally established effective on March 10, 1992. The Plan is intended to provide retirement benefits to Puerto Rico employees and to encourage and assist those employees in adopting a regular savings program by means of payroll deductions through a plan that qualifies under Sections 1081.01(a) and (d) of the Puerto Rico Internal Revenue Code of 2011, as amended (PR Code). The Plan is subject to ERISA. The Plan is funded through a Puerto Rico situs trust exempt from Puerto Rico taxation under Section 1081.01(a) of the PR Code, and from federal income tax under Section 501(a) of the U.S. Internal Revenue Code of 1986, as amended, in conformity with Section 1022(i)(1) of ERISA.

The Plan has been amended and restated several times. The latest Plan's restatement was effective January 1, 2014.

The first amendment to the 2014 restated Plan became effective on August 1, 2015, in connection with the separation in Puerto Rico of Hewlett Packard Enterprise Company (HPE), the former Hewlett-Packard Company (HP) enterprise technology infrastructure, software, services and financing businesses (the Separation). In connection with the Separation, HP changed its name to HP Inc. (HPI). Effective August 1, 2015, the name of the Plan was changed to Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan. Effective August 1, 2015 and as a result of the Separation, a new defined contribution plan was created for the employees of HPI. Balances of participants' accounts whose employment transferred to HPI, including notes receivable, totaling \$32,745,775 were transferred into the HP Inc. Puerto Rico Tax Savings Capital Accumulation Plan.

The second amendment to the 2014 restated Plan became effective on August 10, 2016. The Board of Directors of Hewlett-Packard Caribe BV LLC approved the adoption of the Plan for the employees of Hewlett Packard Caribe y Andina BV LLC, an affiliate of HPE, which commenced operations in Puerto Rico on July 25, 2016.

The third amendment to the 2014 restated Plan became effective on October 31, 2016 when Hewlett-Packard Technology Center, an entity whose employees were covered under the Plan, was closed and the employees were transferred to Hewlett-Packard Caribe BV LLC.

The fourth amendment to the 2014 restated Plan became effective on December 1, 2016. Hewlett Packard Puerto Rico BV LLC sold certain assets and liabilities to Enterprise Services Caribe LLC, an affiliate of HPE. Effective as of April 1, 2017, employees transferred to Enterprise Services Caribe LLC incurred in separation from service, which entitled them to receive distributions from the Plan.

As of said date, Enterprise Services Caribe LLC ceased to be an affiliate of HPE and became part of the controlled group of entities of Computer Sciences Corporation, a public company known after the spin-off and merger as DXC Technologies; consequently, Enterprise Services Caribe LLC, as an employer, and its employees, no longer participate in the Plan.

The fifth amendment to the 2014 restated Plan became effective on June 1, 2017 when Hewlett Packard Caribe BV LLC sold certain assets and liabilities to Entco Caribe B.V. LLC and Entco Puerto Rico, B.V. LLC, affiliated companies of HPE. Both companies adopted the Plan for the benefit of their employees in Puerto Rico until the completion of a spin-off and merger of the software business of HPE with Micro Focus International, plc, a public company unrelated to HPE, by August 31, 2017. Effective as of September 1, 2017, Entco Caribe B.V. LLC and Entco Puerto Rico B.V. LLC ceased to be affiliates of HPE and became part of the controlled group of entities of Micro Focus International, plc. Balances of participants' accounts whose employment transferred to Entco Caribe B.V. LLC and Entco Puerto Rico B.V. LLC, including notes receivable, totaling \$445,803 were transferred into the Entco Puerto Rico Tax Savings Capital Accumulation Plan.

The sixth amendment to the 2014 restated Plan became effective on February 8, 2017 to incorporate the changes made by Puerto Rico Act 9 of February 2, 2017 and Puerto Rico Act 106 of August 23, 2017 to the definition of highly compensated employee under Section 1081.019(d)(3)(E)(iii) of the PR Code and incorporate the actual deferral percentage safe harbor rule under Section 1081.01(d)(3)(A) of the PR Code. In addition, effective November 1, 2017, HPE incorporated Hewlett Packard Enterprise CRL, a new legal entity registered and organized in Puerto Rico, dedicated to selling software to international markets and rendering services in supply chain management and subcontracted manufacturing for sale to international markets. The entity received employees transferred from Hewlett Packard Caribe BV LLC and adopted the Plan as of February 19, 2018. The Plan was also amended, effective from September 20, 2017 through June 30, 2018, to provide for eligible distributions, whether as an in-service withdrawals or lump-sum distributions, as applicable, from the Plan to participants and beneficiaries affected by Hurricane María in conformity with the Puerto Rico Treasury Department Administrative Determination No. 17-29 of November 15, 2017, as modified, and the requirements, rules and procedures established by the Committee.

The seventh amendment to the 2014 restated Plan became effective on April 1, 2019 to approve the adoption of the Plan by Hewlett Packard Enterprise Holdings CRL to benefit its employees in Puerto Rico, including those that were transferred from Hewlett Packard Enterprise CRL. On April 1, 2019, certain employees of Hewlett Packard Enterprise CRL, a wholly owned subsidiary of Hewlett-Packard Caribe BV LLC, who were participating or eligible to participate in the Plan were transferred to Hewlett Packard Enterprise Holdings CRL, a limited liability company organized under the laws of Puerto Rico and an affiliated entity of the Company.

The eighth amendment to the 2014 restated Plan became effective on November 1, 2019, when, pursuant to a reorganization plan, Hewlett-Packard Caribbean Manufacturing BV LLC sold its Puerto Rico business operations and assets to Hewlett-Packard Caribe BV LLC. As of this date, Hewlett-Packard Caribbean Manufacturing BV LLC is no longer an affiliate of HPE and employer under the Plan. Employees in Puerto Rico of Hewlett-Packard Caribbean Manufacturing BV LLC, who were participating or eligible to participate in the Plan were transferred to Hewlett-Packard Caribe BV LLC on October 14, 2019, and continue to participate in the Plan in conformity with the terms and conditions of the Plan after said date.

The ninth amendment to the 2014 restated Plan became effective on February 27, 2020, to authorize declared disaster distributions, whether as an in-service withdrawal or total distribution in cash, from the Plan, known as "Special Disaster Distributions," to participants, beneficiaries or alternative payees, as applicable, affected by a disaster for which the Governor of Puerto Rico has issued a disaster declaration in accordance with Section 1081.01(b)(1)(D) of the PR Code, as described by the applicable guidance issued by the Puerto Rico Treasury Department.

Due to the disaster declarations issued by the Governor of Puerto Rico and the President of the United States of America in 2020 resulting from the earthquakes that struck Puerto Rico in January 2020 and the novel coronavirus pandemic which commenced in late 2019 (COVID-19 Pandemic), the Plan Administrator authorized Special Disaster Distributions from the Plan to affected participants, beneficiaries, or alternatives payees, as applicable, in conformity with guidance issued by the Puerto Rico Treasury Department Internal Revenue Circular Letters No. 20-09, No. 20-23, No. 20-24, and No. 20-29, and subject to the rules and procedures established by the Plan's Administrator.

The tenth amendment to the 2014 restated Plan became effective with the payroll of July 6, 2020, to lessen the financial burdens resulting from the COVID-19 Pandemic. Hewlett-Packard Caribe BV LLC authorized the temporary suspension of employer matching contributions to participants under the Plan for payroll periods from July 6, 2020 through January 3, 2021. Employer matching contributions for Plan year 2020 were made with respect to payroll periods before July 6, 2020.

As a result of the disaster declarations issued by the Governor of Puerto Rico and the President of the United States of America because of Hurricane Fiona, on October 24, 2022, the Plan Administrator authorized Special Disaster Distributions from the Plan to affected participants, beneficiaries, or alternatives payees, as applicable, in conformity with guidance issued by the Puerto Rico Treasury Department Internal Revenue Circular Letter No. 22-13, and subject to the rules and procedures established by the Plan's Administrator.

Eligibility

An employee becomes a member of the Plan on the first pay period of the month immediately following the date of employment.

Contributions

Participants of the Plan may authorize the Companies to make contributions to the Plan from payroll deductions of their monthly compensation before amounts paid for insurance or other welfare benefits, if any. At no time may participant pre-tax contributions exceed \$15,000 for 2013 and beyond, the limit imposed as per Section 1081.01(d) of the PR Code.

With the approval of the Plan's Administrator, participants may also contribute amounts representing rollovers from other qualified defined benefit or contribution plans.

The Companies match participants' contributions based on predetermined matching contribution percentages, as follows:

| <u>Participant's Payroll Deduction Percentage</u> | <u>Matching Percentage Contribution</u> |
|---|---|
| From 1% to 3% | 100% |
| From 4% to 5% | 50% |

Participants' Accounts

Individual accounts are maintained for each Plan's participant. Each participant's account is credited with the participant's applicable pre-tax, and/or rollover contributions and allocations of (a) the Companies' matching and discretionary contributions, and (b) plan earnings. Allocations are based on participant's share of the Plan's income (losses) and any related expenses.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The change in the value of the Plan's invested assets is posted to the participant's account on a daily basis.

Investment Alternatives

Upon enrollment in the Plan, a participant may direct its contributions, along with the Companies' matching contribution, in (a) entirely in any one of the available funds; or (b) divided between any two or more of such investment funds in multiples of 5%. Funds are managed by Fidelity Management Trust Company.

Vesting

Participant's contributions are vested at all times and shall not be subject to forfeitures for any reason. A participant who first becomes an employee before October 1, 2012 is fully vested on the matching contributions. A participant who first becomes an employee on or after October 1, 2012, will be 100% vested on the matching contributions upon the earlier of: 1) three years of service; 2) attainment of age 65; 3) death; or 4) becoming eligible for disability benefits under the Company's long term disability benefits program.

Payment of Benefits

Payment shall be made as soon as practicable after the date of termination of employment as and not later than sixty days after the end of the plan year in which:

- the participant attains age 65, or if later.
- employment terminates.

Distribution of participant accounts may be made in, (a) one lump-sum cash payment, or (b) cash installments over a period certain. In the case of reaching the early retirement age of 55 or a participant termination because of death or disability, the entire account balance amount is paid to the person or persons legally entitled thereto regardless of the years of service.

If, at the time of distribution, the value of a participant's vested benefit is \$1,000 or less, the Plan administrator will immediately distribute such benefit without the participant's consent. However, a participant's vested benefit may not be paid without written consent if the value exceeds \$1,000.

Notes Receivable from Participants

Notes receivable from participants should not exceed 50% of the participant's vested account balance. In no event will the amount of any loan granted to a participant exceed \$50,000 or be less than \$1,000.

Loans to participants under the Plan may be repaid within five years of the date on which the loan is made, except loans used to acquire a principal residence of the participant which may be repaid within fifteen years. The notes are secured by the balance in the participant's account and will bear interest at 1% above the prime rate (as published by Reuters). Principal and interest are repaid to the Plan ratably through payroll deductions or manual loan repayments.

Plan Termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan provisions to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants shall be fully vested and nonforfeitable in their accrued benefits as of the date of termination or discontinuance.

2. Summary of Significant Accounting Policies:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

Investments and Notes Receivable from Participants Valuation

The Plan's investments are stated at fair market value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value investments, which represent the net asset value of units held by the Plan at year-end. Notes receivable from participants are valued at their outstanding principal amount, plus accrued but unpaid interest. Refer to Note 3 for fair value measurements.

Purchases and sales of investment units are reflected on a trade date basis. Income is recorded as earned on an accrual basis.

In accordance with the policy of stating investments at fair market value, net unrealized appreciation (depreciation) on investments for the year is reflected in the statement of changes in net assets available for benefits. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Management fees and certain operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, these management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded.

If a participant does not make repayments and the Plan administrator considers the participant to be in default, the balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. Notes are considered in default if any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment. Outstanding notes receivable at December 31, 2022 have final maturities ranging from January 2022 to December 2027, for general purpose loans, and September 2031 for principal residence acquisition loans, and carry an interest rate ranging from 4.25% to 8%.

Contributions

Participant contributions and employer matching contributions are recorded in the period in which the Company makes the payroll deductions from the Participant's compensation. Discretionary contributions are posted to Participant accounts annually.

Payment of Benefits

Benefits payments to participants are recorded upon distributions.

Administrative Expenses

Certain expenses for the administration of the Plan were paid by the Companies and amounted to approximately \$82,400 during the plan year ended December 31, 2022.

3. Fair Value Measurements:

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. Valuation techniques used by the Plan are based upon observable and unobservable inputs.

Observable or market inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions about market participant assumptions based on the best information available.

Assets and liabilities are classified in the fair value hierarchy based on the lowest level of input that is significant to the fair value measurement:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 – Quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the asset or liabilities.
- Level 3 – Unobservable inputs for the asset or liability.

The fair value hierarchy gives the highest priority to observable inputs and lowest priority to unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities:

- Mutual funds: Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following are the major categories of assets measured at fair value on a recurring basis:

| 2022 | | | | |
|--------------------|----------------------|----------------------|----------------|----------------|
| <i>Description</i> | <i>Total</i> | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> |
| Mutual Funds | <u>\$155,143,133</u> | <u>\$155,143,133</u> | <u>\$ -</u> | <u>\$ -</u> |

| 2021 | | | | |
|--------------------|----------------------|----------------------|----------------|----------------|
| <i>Description</i> | <i>Total</i> | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> |
| Mutual Funds | <u>\$193,774,490</u> | <u>\$193,774,490</u> | <u>\$ -</u> | <u>\$ -</u> |

4. Tax Status:

The Plan has obtained its latest favorable determination letter on May 5, 2021, wherein the Puerto Rico Department of Treasury stated that the Plan, as modified by the tenth amendment to the 2014 restated Plan, continues to meet the qualifications requirements under Section 1081.01(d) of the PR Code, and that the trust established thereunder continues to be exempt from Puerto Rico income tax. Under Section 1022(i)(1) of ERISA, the trust funding the Plan is intended to be exempt from federal income tax under Section 501(a) of the United States Internal Revenue Code of 1986, as amended. Based on the best of knowledge and belief, the Plan Administrator understands that the Plan, as currently being designed and operated, meets the applicable requirements of the PR Code, ERISA, and the regulations issued thereunder.

US GAAP requires the Plan to evaluate uncertain tax positions. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the tax authorities. The Plan has concluded that as of December 31, 2022, and 2021, there were no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions and regulators; however, there are currently no audits for any tax periods in progress.

5. Party-in-Interest Transactions:

The Plan invests in shares of mutual funds, fixed income funds and money market funds managed by Fidelity Management Trust Company and Banco Popular de Puerto Rico. Fidelity Management Trust Company is also the investment manager and record keeper of the Plan's investments and participants' accounts; and Banco Popular de Puerto Rico is the Plan's Trustee, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management and recordkeeping services are included as a deduction of net assets available for benefits.

6. Subsequent Events:

The Plan administrator has evaluated subsequent events through October 6, 2023, the date the Plan's financial statements were available to be issued.

As indicated in Note 1. Plan Description, during early 2023, the HPE entities operating in Puerto Rico were restructured to ensure compliance with recent changes to the tax regime. As a result of this corporate restructuring, the sponsorship of the Plan was transferred from Hewlett-Packard Caribe BV LLC to Hewlett Packard Enterprise II BV LLC, a private limited liability company incorporated under the laws of the Netherlands, and Hewlett Packard Enterprise I LLC, a limited liability company organized under the laws of Puerto Rico. Effective April 1, 2023, the 2014 restated Plan was further amended to reflect Hewlett Packard Enterprise II BV LLC as sponsor and participating employer of the Plan, and Hewlett Packard Enterprise I LLC as participating employer of the Plan.

Schedule

Hewlett Packard Enterprise Puerto Rico Tax Savings Capital Accumulation Plan

EIN 98-1684330

PN: 002

**Schedule of Assets Held for Investment Purposes
Schedule H (Form 5500) - Item 4(i)**

December 31, 2022

| (a) Borrower, Lessor, or Similar Party | (b) Identity of issue, | (c) Description of Investment | Number of Units | (e) Current Value |
|--|--|---|-----------------|------------------------|
| * | Contrafund - Class K | Large growth | 2,219,440 | \$ 26,921,805 |
| * | Low Priced Stock Fund - Class K | Mid-Cap value | 202,234 | 9,327,051 |
| * | Freedom Income Fund - Class K | Large blend | 43,528 | 431,794 |
| * | Freedom 2005 Fund - Class K | Large blend | 42,932 | 448,641 |
| * | Freedom 2010 Fund - Class K | Large blend | 24,286 | 309,402 |
| * | Freedom 2015 Fund - Class K | Large blend | 69,908 | 719,355 |
| * | Freedom 2020 Fund - Class K | Large blend | 285,821 | 3,644,219 |
| * | Freedom 2025 Fund - Class K | Large blend | 595,730 | 6,970,037 |
| * | Freedom 2030 Fund - Class K | Large blend | 625,550 | 9,145,543 |
| * | Freedom 2035 Fund - Class K | Large blend | 593,321 | 7,458,045 |
| * | Freedom 2040 Fund - Class K | Large blend | 901,309 | 8,021,654 |
| * | Freedom 2045 Fund - Class K | Large blend | 393,672 | 4,015,457 |
| * | Freedom 2050 Fund - Class K | Large blend | 364,362 | 3,760,215 |
| * | Freedom 2055 Fund - Class K | Large blend | 214,740 | 2,570,433 |
| * | Freedom 2060 Fund - Class K | Large blend | 23,376 | 257,372 |
| * | Freedom 2065 Fund | Large blend | 1,837 | 18,514 |
| * | Fidelity Extended Market Index Fund - Institutional Premium Class | Mid-Cap blended | 76,011 | 4,790,236 |
| * | Fidelity 500 Index Fund | Large blend | 106,069 | 14,119,962 |
| | PIMCO Total Return Fund Institutional Class | Bond | 778,031 | 6,582,144 |
| | Touchstone Mid Cap Growth Fund Institutional Class | Mid-Cap growth | 269,809 | 7,916,210 |
| | Harbor Capital Appreciation Fund Institutional Class | | 170,710 | 10,713,781 |
| | MNSTY E US EQ YLDI | Large growth | 133,616 | 2,577,450 |
| | Victory RS Partners Fund Class Y | Small blend | 60,312 | 1,557,851 |
| | Harding Loevner International Equity Portfolio Institutional Class | Large growth | 275,536 | 6,453,059 |
| | American Beacon Stephens Small Cap Growth Fund Institutional Class | Large growth | 134,263 | 1,562,821 |
| | Vanguard Short Term Bond Index Fund Admiral Shares | Short term bond | 115,113 | 1,136,161 |
| | | | | <u>141,429,212</u> |
| | Vanguard Federal Money Market Fund | Money market | 13,648,665 | 13,648,665 |
| * | Banco Popular de Puerto Rico | Demand deposit | | 65,256 |
| | | | | <u>13,713,921</u> |
| | Total investments, at fair value | | | <u>\$ 155,143,133</u> |
| * | Participants' Loans | Interest rates ranging from 4.25% to 8% and maturity dates through September 2031 | | <u>\$ 2,853,068</u> ** |

*Party-in-interest to the Plan.

**Notes receivable from participants are valued at their outstanding principal amount, plus accrued but unpaid interest.